

**CONNECTE** 

**Peer Support Service**  
Training Program





## **Welcome To CRADLE Academy!**

### **This is your CONNECTED Peer Support Service Training Manual.**

Through this step-by-step training manual you will be informed and equipped to successfully facilitate a CONNECTED peer support session and be confident about your ability to do so.

Our modern society doesn't like to deal with death. It's attitude is very unnatural and that's why YOU showing up to support others through their journey of grief is so powerful and valuable. Thank you!

#### **What We Will Cover:**

- **Safeguarding**
- **CONNECTED Principles**
- **Support Group Purpose**
- **Facilitator Requirements**
- **Roles & Team**
- **Preparation Practicalities**
- **Group Formatting & Structure**
- **CONNECTED Guidelines**
- **Prep Sheet**
- **Opening Question Ideas**
- **Anger, Conflict & Group Dynamics**
- **Non-Verbal Communication**
- **Silence**
- **Post Facilitation**
- **Types of Pregnancy Loss**
- **Stages of Grief**
- **Bereavement - Physical Body**
- **Self Care Ideas**

The logo consists of the word "CONNECTE" in white, uppercase, sans-serif font, followed by a white icon of a hand with the index finger pointing to the right. The entire logo is centered within a yellow rounded rectangle.

## Safeguarding

During the session if any participants give any **verbal** or **non verbal** indication that that may be at risk of potential self harm please follow the procedure on this page.

Call, email and text Dawn Brown or Louise Zeniou on:

**Louise Mobile:** 07538 554 467

**Email:** [louise@cradlecharity.org](mailto:louise@cradlecharity.org)

**Dawn Mobile:** 07834 597667

**Email:** [dawn@cradlecharity.org](mailto:dawn@cradlecharity.org)

Dawn and Louise will follow the CRADLE safe guarding process and will contact the NEXT of Kin and available authorities.

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**At the start of each session, upon welcoming the Lead facilitator needs to state:**

\*We respect and maintain confidentiality. However during the session, if any of this group give indication that you are at risk of self harm we will contact the on duty compliance director who will contact your next of Kin and therefore confidentiality will be broken.

If you don't agree to this condition please leave this session now and contact [louise@cradlecharity.org](mailto:louise@cradlecharity.org) for support.

\*These instructions are also on the upcoming GUIDELINES page.

The logo for CONNECTED is a yellow rounded rectangle containing the word "CONNECTED" in white, uppercase, sans-serif font. To the right of the text is a white icon of a hand with the index finger pointing to the right.

## **CONNECTED Peer Support Service Principles**

- **Therapeutic, Not Therapy**

While the CONNECTED peer support is therapeutic, it is not therapy. We have services for those experiencing complex grief.

- **Support, Not Advice**

We provide a space of peer support without giving advice or needing to fix anyone.

- **Opportunity To Share, Without Expectation To Share**

While some attend the CONNECTED peer support service to connect and share their journey, others may attend to process their grief in their own way. There is no judgment, no expectation.

- **There Is No Hierarchy of Grief or Pain**

All pain and experience of loss is valid. There is no hierarchy of grief.

- **Maintaining Confidentiality & Respect**

Whatever is shared in a CONNECTED peer support service is respected and confidential.

- **BECAUSE EVERY PREGNANCY MATTERS**

Inclusivity and nonjudgmental because every pregnancy matters.

# CONNECTE

## Peer Support Service Purpose

- **A space to connect those with similar experiences.**

As supportive friends and family can be, sometimes it's helpful to connect with those who have had a similar experience.

- **To normalise the experience and make each individual heard.**

As mentioned before our modern society doesn't like to deal with death. This environment allows the expression and normalisation of grief.

- **Supportive environment to work through grief, tell their story, share their emotions, thoughts and experience.**

A nonjudgmental space for individual expression of loss.

- **Provide social connection, sharing with others and an opportunity to reach out and help others.**

As social beings we are often helped by connecting with others.

- **Prevents isolation and enables healthy process of grief.**

Connecting with peers, hearing stories from others and having a space to share pain can provide a healthy outlet to allow healthy processing of loss.

- **It's not a therapy group although can be therapeutic.**

Peer support can be therapeutic, but it's not therapy.

- **It's not designed to "fix problems" or a place to give advise although attendees can share what they have found helpful.**

People are capable of finding their own answers and empowering themselves through this journey. We don't need to fix, save anyone or give advise.

- **It's not a place for complex grief – CRADLE has counselling resources for this.**

If you see signs of complex grief provide information and inform support supervisor.

# CONNECTE

## Facilitator Requirements

- **Awareness of resources, CRADLE values and Connected principles and guidelines.**

When standing under the CRADLE CONNECTED umbrella, be aware and equipped with the principles, values, resources and guidelines. If you are in any doubt - reach out.

- **Hold the space - energy, attitude, presence, and authenticity.**

You don't have to be perfect, you just have to be present. Your presence is so powerful, especially in this modern age of distraction. People can really feel it when you're present and they can also feel your energy before you even speak. This means embodying a positive mental attitude, being self aware of body language, and comfortable in your own skin. It's enough to be authentically yourself. Eliminate all distractions and really be present 100%.

- **Lead the structure/format of the group.**

As a facilitator you are responsible for leading the CONNECTED peer support session, that means leading the structure and format.

- **Keep timing and topic on track.**

Being conscious of time is essential as attendees may lose track of time or go off track from the topic. Be compassionate as well as bold.

- **Manage group dynamics.**

Be aware of attendees, comfortable with handling group dynamics and keep composure through it all. You set the tone, so if you're comfortable, they will feel comfortable.

- **Active listening - using 2 ears and 1 mouth in proportion.**

If you are present and self aware during the session, you will be able to actively listen which means being able to respond, connect and manage effectively.

## **Facilitator Requirements**

- **Be accepting, open and non-judgmental of others.**

Those using the CONNECTED service can be from diverse backgrounds and have a variety of experiences. It's not our job to judge, we accept others for who they are.

- **Don't give advice or try to fix problems.**

You most likely have a big heart and have a lot of empathy for others. Especially those who have experienced pregnancy loss. Refrain from giving advice, fixing problems or saving anyone. That's not your role and we actually disempower people by assuming they need to be saved.

- **Don't make it about you.**

It's not about you. Of course there is value in sharing what has worked for you. However holding the space and facilitating a CONNECTED peer support service you are serving enough. The attendees should be speaking 80% to 90% of the time.

- **Don't bring belief systems or prejudgments into the group.**

While some people have beliefs and religions, it's not appropriate to share yours as a facilitator because what you find helpful may have the opposite effect on someone who doesn't share the same beliefs.

- **Bringing value just by holding the space.**

You are doing something that requires a big heart and a level of awareness that alone provides so much value. You don't have to teach, this is not a therapy group or counseling session. It's just like you hosting this space in a cafe, except it's virtual. Focus on prepping yourself and prepping the session, which we will go through.

## Roles & Team

**The main ethos of CRADLE and the CONNECTED peer support service is to work as part of the team whatever the role.**

- **Facilitator leads the way.**

The facilitator leads the structure, format, opens, manages and closes out the session.

- **Co-facilitators are there to support the facilitator as well as hold the space for grieving members.**

The co-facilitators are just as important as facilitators. Being present and aware during a session is crucial because the co-facilitator may notice something the facilitator doesn't. People can tell if someone is not engaged or is distracted so holding the space is just as essential from a co-facilitator as the facilitator.

- **Both are present and in sync with each other: if facilitator forgets something, the co-facilitator chimes in.**

When both facilitator and co-facilitator work in harmony with one another it can be felt by the attendees. Just as tension can be felt between people. It's about energy. Keep it simple, keep it respectful, keep it CONNECTED.

- **Relationship of love, respect and no ego.**

Team work really does make the dream work.

- **Co-facilitator uses the chat box function to share relevant links, types out questions facilitator has asked or members have shared that is appropriate such as a quote, resource or helpful coping mechanism.**

The chat box is a great tactic to keep attendees engaged. Active listening can prompt you to use this effectively. Have relevant CRADLE links and resources available such as the Facebook group and pages from the website.



**CONNECTE** 

**Peer Support Service**  
The Practicalities



## Preparation Practicalities

Success and winning in most things is in the preparation. The following are practical things you can do to be physically, mentally and technically prepared to facilitate a successful CONNECTED peer support service.

- **Communicate with co-facilitators.**

Touch base and connect with your co-facilitator(s) 10 to 15 mins prior to starting the CONNECTED peer support service.

- **Make sure computer/laptop devices are charged, phone is on silent, drink of water, tissues at hand, etc.**

Set yourself up ahead of time so you're not rushed or flustered.

- **Create the space within you before you show up to facilitate the CRADLE support group.**

Set a buffer of time before you are facilitating a CONNECTED peer support service. Use this time to do whatever you need to do in order to feel grounded, present, and get in the right headspace.

- **Leave all distractions, life, chores at the door and be 100% present.**

Ensure you are distraction free and have privacy to facilitate.

- **Your energy sets the tone, people feel it – get yourself calm, relaxed and comfortable.**

If you're relaxed and calm, everyone in the group will feel it. If you're nervous, they will feel that too. Make it about serving them and get yourself comfortable. It's just a chat.

Example of preparation exercises: Take a walk, meditate, do some stretches, avoid social media, calming music, read, journal, etc.

## Group Formatting & Structure

Before we dive into group formatting and structure, let's dive into the value of it. Why do we need one?

Think of your favourite restaurant.

You know the structure don't you?

- You have clarity over the process of dining.
- You have comfort of familiarity - maybe the staff, the menu, the vibe.
- You probably have your favourite items from the menu, you know the prices and the style of dining.
- You know the consistency of food, quality and service. It's probably why it's your favourite.

Well that's all structure.

And that's the value in what we are about to cover. A structure enables you to have confidence, clarity and allows regular attendees to have a level of comfort and familiarity.

The structure of facilitating a CONNECTED peer support service is like a story, there is:

- **Beginning**
- **Middle**
- **End**

Let's dive into them.

## Group Formatting & Structure

### BEGINNING

- Jump on the Zoom link before the beginning. Connect with the co-facilitator 10 to 15 mins prior to the actual start.
- Open the group with Welcome, introduce yourself and co-facilitator.
- Go through the CRADLE CONNECTED principles and Guidelines, breakdown the order of the day (break time, end time, etc).
- Ask attendees to introduce themselves and answer 1 prepared question for example - what went well and what was biggest challenge this week?

### MIDDLE

- Share and care open discussion – how are you coping? How has your connection with others been? How has your self care been? Where are you on your journey of grief?
- Break – 10 mins. Let them know at the beginning when it will be. Start back on time regardless if someone hasn't returned or cameras are off. Lead the way.
- Go the rounds with a theme – continue with the discussion before break if appropriate, or start a new theme. For example: what is something they can do in the upcoming week for self care and better process/cope with their grief?

### END

- Be time aware and give attendees a heads up before the end so they are not sprung with the end.
- 10/15 mins before end – ask participants what they will takeaway from the session or what they found most beneficial. You can ask them to rate out of 10 how useful the session was.
- Wrap up – tell participants how to book their next CONNECTED Group Session, about other resources provided by CRADLE, and reach out if they experience complex grief that would benefit from counselling.
- Co-facilitator put relevant links in chat box.



## **CONNECTED Peer Support Service Guidelines**

The following are the guidelines to be read upon welcoming and opening the CONNECTED chat on zoom.

We respect and maintain confidentiality. However during the session, if anyone in this group give indication that you are at risk of self harm we will contact the on duty compliance director who will contact your next of Kin and therefore confidentiality will be broken. If you don't agree to this condition please leave this session now and contact [louise@cradlecharity.org](mailto:louise@cradlecharity.org) for support.

- Please ensure you have privacy for the duration of the session.
- If it's not possible to get childcare during the session, please keep children out of cameras eye.
- Whatever is shared in the group stays in the group - please respect each others confidentiality.
- Respect each others differences, we are all processing grief differently, and are unique individuals.
- Refrain from giving advice but feel free to share what has worked for you.
- You are normal, whatever feels right for you is right.
- Feelings are not good or bad. They are part of the process, feel free to share and reflect on your experience.

Break will be at 8:50pm (for 10 mins)



**CONNECTED Peer Support Service Prep Sheet**

Warm up question/intro:

Open questions for use during the chat:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Feedback Questions:

- What was the biggest takeaway or most useful aspect for you today?
- How useful for you was today out of 10?

Notes:

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# CONNECTE

## Open Question Ideas

- The following are the ideas of open questions you can ask in the group to invite conversation, sharing and connecting.
- What has gone well over the past week and what's been the biggest challenge?
- Where are you in your journey?
- How have your friends/family responded to your loss and have they been supportive?
- What are you finding helpful in coping/healing?
- What is the most difficult time of day? Or is it a certain day of the week that's most challenging?
- How has your grief changed?
- How are you doing today?
- What is one thing you can do to amp up your self care this week?
- How often do you check in with yourself - to take care of yourself?
- What are little self care wins you can share? Sharing is caring.
- If you think of people in your life, who can you appreciate?
- Has your identity changed through processing this loss?
- How are you coping with emotions?

## Anger, Conflict & Group Dynamics

In general this CONNECTED peer support service is for those who want to connect with others who have had a similar experience. Attendees will be screened however it's always good practice to be prepared. The following break down covers the most common dynamics and how to deal with them:

- **It's not personal.**

Don't take anything personally, people are experiencing grief and pain. Hold the space.

- **Observe don't absorb.**

Learn to observe people in their emotions without absorbing the emotion into you.

- **Don't interrupt someone if they are talking, make a note if you want to address or acknowledge something.**

A handy tip is to have a notepad and pen so you can make notes.

- **If someone is going over time with sharing or has gone off topic, wait for a natural pause in speech to interject commenting/thanking/acknowledging what's been said and redirecting the conversation back to center or inviting other members to participate in the topic.**

Never panic, just practice active listening and be compassionate as well as bold.

- **Be aware of signs of complex grief, sharing the CRADLE resource of counselling with the individual and the other group members.**

Have links to resources handy and report incident to support supervisor.

- **Mute, switch off cameras and mics of attendees when appropriate to do so.**

If you or co-facilitator see something inappropriate mute or turn off the attendees camera and state it to them as well as the group, what you've done, why you have done it and they can return to the group when they're ready. Again compassionate yet bold.

- **Remind group participants of CRADLE Support Group Guidelines whenever needed and appropriate.**

Perhaps even drop a copy into the chat box for their reference if required.

TIP: It's natural for people to feel angry, give advice, be a quiet participant or an over-share. Practice active listening, thanking and acknowledging the participant as well as the elephant in the room.



## Non-Verbal Communication

An effective facilitator practices self awareness and is also aware of others by practicing active listening and observing body language.

If non-verbal communication accounts for 70-90% of Communication, what are you communicating non-verbally?

The following are 5 things to be aware of when it comes to non-verbal communication:

- **Facial Expressions** - smiling, frowning, and other facial expressions communicate different things, so be aware of your own facial expressions. You don't have to be expressionless like a robot, when you are actively listening you can respond with appropriate facial expressions to communicate your intended message.
- **Body language** - be aware of what you are doing with your body. You can communicate completely opposite messages just with your posture - if you are slouched as opposed to sitting straight. Also nodding, hand gestures, arm positioning/folding, playing with hair, fidgeting, etc. Be aware of what you do with your body.
- **Voice** - tone, pitch, volume and speed. We've all heard "it's not *what* you said it's *how* you said it". Use your voice with awareness so you communicate what you intend to communicate.
- **Clothes** - dressing appropriately for facilitation. This means smart, relaxed and casual. Plain is best, without messages, words and signs.
- **Eye contact** – on zoom it's the camera. This can be challenging when facilitating virtually but remember the camera is where your eye contact is. Of course you will want to look at the attendees when they are talking so find your own balance between looking at the screen at the attendees, and making "eye contact" via camera. A good balance here will be to make eye contact when opening, breaking and closing. Then while attendees are talking, look at them. People are experienced enough now with virtual zoom calls to know what you're doing.

## Silence

It's such a natural part of life, yet many people fear facilitating because what if there is silence! Silence is very natural, can you imagine life if there was never ever any silence? We would lose our minds and rightly so. Even nature itself uses silence to create balance.

The following are 4 tips that can help you handle silence if and when it occurs:

- **Silence is natural.**

When you have a healthy relationship with silence it will be as natural to you as breathing and speaking. It's not a bad thing. Don't judge it. It just is.

- **Don't feel the need to fill silences.**

You don't need to speak to fill in the silences. Let it be. Sit with it. If you ask a question and nobody answers - give it a minute. Let it breathe. Sometimes people are shy, sometimes everyone is trying to be polite and waiting for someone else to speak. And sometimes you can answer the question yourself or ask the co-facilitator to chime in.

- **Relax and be comfortable with silence.**

You set the tone as facilitator. If you're relaxed and comfortable with silence, the group will be too.

- **Lead with presence and awareness.**

During silences people may look to each other but mainly at you to lead. Lead with your body language, be aware of timing, for example a minute of silence is fine, 15 minutes of it not so much. Be aware of team members, attendees and also be prepared with a variety of open questions you can introduce.

TIP: If you're not used to silence in your personal life, schedule an hour of silence into each day and just experience it until it becomes something you appreciate and enjoy as an integral part of nature.

## Post Facilitation

- **Reflect on experience:**

What went well, what could be better?

It's always better to have a balanced perspective.

- **Triggers:**

Was anything triggered in you, how can you use this as an opportunity to learn, heal and grow? How will you address what has been triggered - through journaling? Talking it through with your supervisor?

- **Future sessions:**

Were there any themes/topics you want to bring into future support group sessions?

### Reporting Issues:

- Document facts

Just like a police statement, you want to be as fact based as possible if an incident happens.

- Don't take it personally

It's not personal, observe don't absorb the emotions.

TIP: It helps to have a buffer of time scheduled before facilitating and after facilitating. Use these buffers to go for a walk outside, meditate, journal, stretch, etc. Self care is essential to effectively serve others and hold space.

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## **Grief**

Key Points



## Types of Loss

- PUL (Pregnancy of Unknown Location)

Where a pregnancy test is positive but the pregnancy is not visible on transvaginal Ultrasound. Blood tests are taken and if they indicate that a pregnancy should be seen on an ultrasound but still can not be located a PUL is diagnosed.

Treatment can include an injection call methotrexate which requires consent from the patient, the injection will terminate the pregnancy.

- An Ectopic Pregnancy

Where an egg has fertilized and implanted anywhere outside of the uterus.

Treatment can include the Methotrexate Injection. However if the injection does not work surgery may be required, ectopic pregnancy can be life threatening to the mother, the baby sadly cannot survive.

- Missed or delayed miscarriage

Sometimes a miscarriage is diagnosed during a routine scan carried out as part of antenatal care. A scan may reveal the baby has no heartbeat or that the baby is too small for the date of pregnancy. This is called a missed or delayed miscarriage.

Miscarriage Treatments:

- Expectant management – wait for the tissue to pass out of the womb naturally
- Medical management – take medicine that causes the tissue to pass out of the womb
- Surgical management – have the tissue surgically removed

The risk of complications is very small for all these options.

## Types of Loss

- Molar pregnancy

A molar pregnancy is when a fetus doesn't form properly in the womb. It is a very rare complication of pregnancy. There are two main types of molar pregnancy. Sadly, neither type of pregnancy can survive.

- Complete mole

Complete moles usually happen when a single sperm fertilises an 'empty' egg which has none of the mother's genetic material inside. Because of this, a fetus does not develop.

- Partial mole

Partial moles happen when two sperm fertilise a normal egg. In a partial mole, there are usually some early signs of a fetus, but this won't develop into a baby.

Treatment for a molar pregnancy:

Unfortunately, a molar pregnancy will not survive and will need to be removed. Most likely with surgery. Most women are successfully treated with suction removal and can go home later the same day.

- Blighted ovum

A blighted ovum, also called an an-embryonic pregnancy, occurs when an early embryo never develops or stops developing, is resorbed and leaves an empty gestational sac. The reason this occurs is often unknown, but it may be due to chromosomal abnormalities in the fertilized egg.

A blighted ovum eventually results in miscarriage. Some women choose to wait for the miscarriage to happen naturally, while others take medication to trigger the miscarriage. In some cases, a procedure called dilation and curettage (D&C) is used to remove the placental tissues.

## Types of Loss

- TFMR (Termination for Medical Reasons)

Terminating a pregnancy for medical reasons (TFMR)

When a baby is diagnosed with a life-limiting medical condition in the womb, the parents are faced with the heartbreaking decision of whether to end the pregnancy. Having a termination for medical reasons can be a huge trauma

If a termination takes place after 21 weeks + 6 days, parents will be offered a procedure which is referred to medically as feticide. This is an injection to stop the fetal heartbeat, so the baby is not born alive. Some women may decide not to have the injection if the baby has been diagnosed with a condition that means they will die at or very near birth. However, some doctors may not agree to end the pregnancy without it.

There are 2 types of termination: medical and surgical. Before 24 weeks, parents should be given a choice unless there are medical reasons why one method would be safer.

- Termination for HG

Hyperemesis gravidarum (HG) is a severe form of nausea and vomiting in pregnancy. It is generally described as unrelenting, excessive pregnancy-related nausea and/or vomiting that prevents adequate intake of food and fluids. HG is the leading cause of hospitalization during early pregnancy, and second to premature labor as the leading cause overall during pregnancy.

HG is potentially life-threatening pregnancy disease that may cause weight loss, malnutrition, dehydration, and debility due to severe nausea and vomiting, and may cause long-term health issues for Mother and baby.

Abortion in most cases of HG is unnecessary due to the treatment options now available. However, about 15% of pregnancies are terminated, and many more are almost terminated out of desperation.

## Types of Loss

Primary Reasons for HG Termination:

- Ineffective or inadequate care
- Unsympathetic caregivers
- Uncontrolled/debilitating HG
- Inability to work/care for family
- Lost income, job or relationships
- No hope of improving or recovering

TIP: Get familiar with the above types of pregnancy loss and the medical terminology/jargon. This will equip you with basic knowledge and awareness if attendees of the CONNECTED chat mention or refer to their specific type of loss.

As lead facilitator you being confident and comfortable with the chat is important and knowing the types of pregnancy loss and treatments will keep you present instead of wondering what certain words mean, and thereby losing your presence as your mind may wonder.



## Stages of Grief

Below are the stages of grief. People can flow and move around the stages. People move around the stages and acceptance doesn't mean there will never be sadness or tears or experiencing other stages.

- **Denial:**

Feels unreal, disbelief, and shock. Can be conscious or unconscious denial.

- **Anger:**

Doesn't make sense, unjustified, makes no sense and confusing. Can be directed at anyone and everyone including self.

- **Bargaining:**

What if, is there anything different that could have been done to prevent it. The mind loops as it's trying to process the loss.

- **Depression:**

Feeling sad, empty, numb withdrawn and what's the point. Passing grief is different to prolonged depression.

- **Acceptance:**

Accept reality, get back to reality and growing through the process. Coping with new reality/role and getting back to life.

## **Bereavement - Physical Body**

After death people can be impacted physically. Especially in cases of losing a baby at any stage for any reason, is particularly a struggle for women.

Society has an unnatural relationship to death as previously mentioned.

Society (up until very recently) has even had an unnatural attitude towards women's' menses.

When facilitating it's important to support women and families and normalise this experience because it is normal.

### **Examples of Physical Symptoms After Bereavement:**

- Sick/Nausea
- Aches and pains
- Headaches (tension/stress)
- Crying
- Foggy minded/lack of clarity
- Forgetful
- Reality feeling surreal
- Anger
- Lack of motivation or making effort
- Sleepy/tired
- Sleeplessness
- Tired and depleted
- Inflammation (which can flare up other health problems)
- Constipation/diarrhea

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## Supporting the Process

The body and mind are connected, so it makes sense that the mental and emotional stress of bereavement will have a physical impact on the body.

### **Breath Exercise:**

Sitting in a comfortable position bring awareness to your breathing. Observe how your natural breath moves your body. Don't control it, just observe and connect with the natural rhythm.

Do this for a few minutes, to ground yourself and become very present.

Then ask yourself how you are physically feeling?

If you are sitting on a chair - how does it feel? Is it soft, hard, cold, warm?

How do your shoulders and back feel?

How does your face feel?

Scan your body from the bottom of your feet, all the way to the top of your head.

Observe any aches, pains, sensations, or just sense those areas of your body.

When you have completed this exercise reflect upon how often through the day you are connected and present in the body and how often you are in your mind, disconnected from your physical body.

With awareness you will be able to respond to your body when it whispers a pain or challenge, rather than wait until it screams for attention.

TIP: For best effect set your timer for 10 minutes and give this exercise your full 100% attention. Allowing your awareness to be connected to your breath and your body.

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## **Self Care**

A Necessity Not A Luxury



## Emotional Scale

1. Joy/Knowledge/Empowerment/Freedom/Love/Appreciation
2. Passion
3. Enthusiasm/Eagerness/Happiness
4. Positive Expectation/Belief
5. Optimism
6. Hopefulness
7. Contentment
8. Boredom
9. Pessimism
10. Frustration/Irritation/Impatience
11. Overwhelm
12. Disappointment
13. Doubt
14. Worry
15. Blame
16. Discouragement
17. Anger
18. Revenge
19. Hatred/Rage
20. Jealousy
21. Insecurity/Guilt/Unworthiness
22. Fear/Grief/Depression/Despair/Powerlessness

### REFLECTION EXERCISE:

- What are the main 4 emotions you have experienced over the last few days?
- What are 3 things can you appreciate in your life right now?
- What healthy activities get you in the top 5 emotional states?

7 Day Challenge: Start each day writing 10 things you appreciate and why you appreciate them. Starting the day with a healthy perspective enables us to be more responsive rather than reactive. It also activates higher self awareness.

## Self Care Ideas

Self care is not a luxury. It's essential. In order to take care of anybody else, you must first take care of yourself.

- Massage
- Walk in nature
- Bath
- Acupuncture
- Getting hair done
- Manicure/pedicure
- Purge/Clean - donation, throw or sell
- Yoga
- Pilates
- Qigong or Tai Chi
- Breath work/meditation
- Visit a beach or lake
- Cook favourite food/snack
- Coffee with a friend
- Reading a new book
- Music
- Play instrument
- Write a book
- Gardening/buy house plants
- Home spa day
- Hang out with pet
- Gallery/museum visit
- Watch stand up comedy
- Colouring/drawing
- Anything else that is a healthy way to take care of yourself.



## Final Words

Learning the structure, format and preparing some questions is the easier part.

The most powerful thing you can do to ensure a successfully facilitated CONNECTED peer support service is to bring the energy and hold the space.

This comes with practice, self awareness, and self care.

Holding space for other people is like holding a pool of clean spring water. Certain emotions clean the water and others are like toxins. What you feel you put into the water. And what you feel they feel.

So if you don't want to bring nervousness, self doubt, worry or panic to them, don't bring it in you. Observe it and release it. You are as confident as you allow yourself to be.

For you the facilitation of a CONNECTED peer support service will begin before it actually begins, this is by using the time buffer we discussed, so you can get yourself in the right state. When you're in the right state, you will be able to observe and not absorb the emotion of others.

Welcome onboard to the CONNECTED facilitation team! Read through this manual a few times to get familiar and comfortable with the training.

Pro Tip: Print or Download this manual. Keep it somewhere safe and convenient to access. Have the CONNECTED principles and guidelines beside you when you go live.

You got this.

*With Love*

CRADLE ACADEMY TEAM

# CONNECTE

## Resources



CRADLE CONNECTED ONLINE BOOKING LINK:

<https://cradlecharity.org/connected/>



WEBSITE:

<https://cradlecharity.org>



Email: **info@cradlecharity.org**

