

Chronic Pain and Mental Health

Equipping yourself to support your patients in dealing with Chronic Pain

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Why diagnose and co-manage psycho-social factors such as stress, anxiety and depression?

Because over a third of your patients will experience mental health issues. Easing emotional pain helps reduce physical pain and vice-versa

- 1 in 3 adults experience moderate to extreme stress, an increase of nearly 40% since the 1990s
- 1 in 5 Australians will experience depression at least once in their lifetime and death by suicide is double the rate of death by car accident (Medicare, Livingworks).
- 1 in 20 will consider suicide this year
- Over 18 million anti-depressant scripts will be issued
- Depression will cost over 8 billion in lost productivity and 8 billion in treatment



Because most of us do not know what to do, we avoid, miss or dismiss the signs of co-morbidity.

The good news is that those with depression, anxiety or stress can be helped if someone is willing to listen and reach out. As a health practitioner, you can equip yourself to support patients, colleagues, friends or others who are at risk and to ensure patient treatment is enhanced by co-managing psycho-social factors.

The Chronic Pain Context

- More than 80 percent of people with chronic pain are missing out on treatment that could improve their health and quality of life.
- Patients with chronic pain often receive the same approach to treatment that would be applied to acute pain. However, this treatment is generally ineffective, contributing to only a 30 percent reduction in pain, on average.
- Long wait times of more than a year to access multidisciplinary services in public hospitals exacerbate reduced quality of life and psychological wellbeing.
- Insufficient pain specialists to cater for the 3.2 million people who suffer chronic pain. Currently there are only 24 registered pain specialist training positions and only 20 accredited training units across Australia.
- Chronic pain and major depression commonly occur together.
- Major depression in patients with chronic pain is associated with decreased function, poorer treatment response and increased health care costs. (Pain Australia)

Evidence that treating psycho-social factors enhances patient care:

1. In a landmark study, 12 sessions of standardised and adherent cognitive behaviour therapy (CBT) or interpersonal therapy were found to be equivalent to imipramine (200 mg) and more effective than placebo or supportive therapy in treating major depression.³⁸ A study of CBT and antidepressant therapy in patients with multiple sclerosis showed lower rates of major depression in the two treatment groups, compared with the group receiving treatment as usual.³⁹
<https://www.mja.com.au/open/2012/1/4/depression-and-chronic-pain>
2. Active involvement helps patients become more confident and less prone to anxiety and depression. Health-oriented homework, such as inspirational and motivational books, cds and weblinks, which are psychologically uplifting enhance care 47.
3. Patients benefit from the clinician encouraging, reassuring and coaching them to become active participants in the treatment process 47.
4. Patient education is a key part of what patient's want and what health practitioner's can offer to enhance treatment 42. 43, 50, 51.
5. Relatively simple and easy to use psychological treatments (principally relaxation and cognitive behavioural therapy) for children with recurrent pain, reduced the frequency and severity of pain
6. In 1999, an Australian explored stress as a potential disease trigger amongst chiropractic patients, 42. It concluded that "it may be timely for chiropractors to actively contemplate including stress management routinely in their clinical care protocols". 71% felt it would be helpful if their chiropractic care included strategies to help them cope with stress, and 44% were interested in taking a self-development program to enhance their stress management skills.

Today's objectives

- Terms defined: Understand what stress, anxiety, depression and grief are

- Diagnosis: Become more alert to cues, symptoms and how to diagnose these in your patients
- Treatment: How to co-manage psycho-social factors in patients to enhance treatment outcomes

Terms defined

Stress

Body readjusting to too much pressure by seeking to return to a steady state “homeostasis”. Unhelpful stress occurs when our natural biological stress adjusters (“fight or flight” for example), do not cope with modern living

Stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize

Anxiety

A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome, characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure, racing pulse, sweaty palms, dry mouth.

People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat (American Psych Assn)

Depression

To many people being depressed means feeling sad, 'blue', downhearted, disappointed, detached or upset. However, a person can feel all these emotions without being 'clinically' depressed. Feelings of sadness or the 'blues' are generally brief and have slight effects on normal functioning.

Clinical depression is an emotional, physical and cognitive (thinking) state that is intense and long-lasting and has more negative effects on a person's day-to-day life. Approximately one in five people will experience an episode of clinical depression in their lifetime.

Grief

It is also important to distinguish depression from the sadness we naturally experience after loss, such as during bereavement, relationship loss or job loss. Although the grief associated with loss is often intense and long lasting, such emotions are a healthy response to loss and allow people to adjust to their new life circumstances.

Diagnostics, What to Look For:

1. Exploratory questions:

Open-ended exploratory questions using tentative rather than a dogmatic, “expert” stance can be helpful. Broaching the subject of psychotherapeutic interventions in the treatment room can be difficult– helpful suggestions are:

- How is this impacting on your life? What is it stopping you from doing? What are your fears
- Often physical pain can be so debilitating that it deeply impacts our moods. How has your mood been? Are you sleeping? Eating? Doing what you normally do? Enjoying things you normally enjoy?

Then instil hope that the treatment will help them get back to enjoying life again or at least help them cope with the deteriorating quality of physical life

2. Present-time focus- actively listening and observing

A chiropractor once said to me that if you give a patient two minutes uninterrupted to talk when you ask how they have been in the last week, they will tell you everything you need to know. Listening attentively involves focussing completely on the person who is talking to you and tuning out all your other internal conversations so that you can be completely in tune with the present moment – listening with all the senses – seeing their body language, hearing their voice tone, feeling how they respond to being physically examined and treated, reflecting that you are listening both by your eye contact, body language and verbal responses.

Be empathic, really listen, don’t say you know how they feel but rather that you can’t imagine what it must be like. Acknowledge their fears, frustrations, but reinforce that you are there to help them through and can provide extra external support.

3. Formal Assessment tools

- DASS instrument
<http://www.blackdoginstitute.org.au/docs/3.dass21withscoringinfo.pdf>
- K10
- DRAM and SOC questionnaires
- BSI and HSQ
- MAP and MPI
- PSEQ and BPI
- Chronic Pain Acceptance Questionnaire

Treatment Options – How Psychological Interventions Help

As a response to chronic pain, “grin and bear it” doesn’t work

Here are Mind-Body interventions & therapies do

What they all have in common:

- Shift a patients thinking or focus
- Shift a patients behaviour
- Shift a patients feelings
- Increase belonging, reduce burdensomeness, increase connection

Narrative Therapy

Listens to how patients tell the story. If the story is problem-saturated the therapist looks at thickening the positive narrative, at the exceptions and the times where patients have successfully dealt with issues in the past. This which in turn builds resilience and belief that things can change.

Acceptance and Commitment Therapy (ACT)

Rather than trying to shift unhelpful feelings and thoughts, ACT helps individuals increase their acceptance of these whilst recognising that this need not prevent them taking active steps to experiment with ways to improve quality of life. Acceptance toward their chronic pain symptoms reduces emotional reactivity to pain without being resigned to it. Instead, the individual reduces unsuccessful attempts to avoid or control pain where that is not possible. This makes it easier to focus instead on other experiences or aspects of the environment including participation in valued activities and the pursuit of personally relevant goals. Acceptance cultivated through mindfulness based approaches may also help by minimising the avoidance that is often a part of the pain syndrome, which leads to secondary injury through problems such as poor posture, loss of muscle tone or maladaptive changes in gait

Hypnotherapy

Hypnosis helps relaxation as well as altering perception and cognitive patterns that become established in pain syndromes. Hypnosis has been shown to improve the pain associated with irritable bowel syndrome, with benefits still demonstrable after 5 years. In a review of nine randomised clinical trials, eight were found to suggest that guided imagery leads to a significant reduction in musculoskeletal pain. Although these results are promising, many of the studies were small or were low to medium grade in terms of methodological rigour

Biofeedback

Biofeedback is a method of increasing physical awareness and inducing a relaxation response through the use of markers of the stress response, for example, learning to lower blood pressure by watching a screen mapping the blood pressure in real-time. Apart from relaxation, it provides a focus of attention and helps to promote a more objective and precise understanding of the mind-body relationship.

Biofeedback has been used as an adjunctive treatment in a number of pain settings to good effect, such as with orofacial pain,³⁴ headache in children,³⁵ phantom limb pain (+/- visual mirror feedback),³⁶ and musculoskeletal pain.³⁷

Cognitive behaviour therapy

The focus of cognitive therapy is to challenge/change unhelpful thoughts and identify more helpful

Treatment – 5 steps that you can do to help

1. Building trust/bedside manner:

Gaining the patients trust, respect and commitment is vital as is having a genuine bond where they feel heard and understood by you. Be empathic, really listen, don't say you know how they feel but rather that you can't imagine what it must be like. Acknowledge their fears, frustrations, but reinforce your expertise and refer to similar cases that have had good results. Be an expert in your area but also treat them as an equal human being, not as a "patient with a problem". Remember all the little things from session to session like their relatives' names, if they were going away, how their visit to the granddaughters went, what the last week has been like for them...but only if you are willing to listen unconditionally, non-judgementally and respond to their answers! Make notes on the patient's file to help you remember.

2. Tailored collaborative wellness plan:

Ensure that any tailored health program or agreed self-care contract is mutually designed between patient and practitioner in a way that will maximise the patient's commitment and follow through. For example, different patients have different learning styles and some are unlikely to do homework unless you get them to write it down, own it, repeat what the goal is and keep a diary to monitor progress. Others must feel like they came up with the idea themselves. Some will need to know the logic behind it. Others will want hope instilled by highlighting how other patients have gained results from similar self-care regimes. Some will need coaching through how they are going to fit it into their weekly schedule, negotiation around how they will overcome likely obstacles that may get in the way and a reward system to motivate them to keep going.

3. Enhancing the patient's coping skills.

This may include negotiating how they will manage obstacles, ensuring they feel a sense of control and helping them to alter negative or catastrophic thinking by instilling hope. Awareness that a patient is distressed may warn the chiropractor that patient progress is likely to be slower than anticipated and that maximum use of coping and supportive strategies will be helpful.

4. Exploring supports and resources

Often people can get relief by talking to friends, family, playing sport, exercise, relaxation, meditation, hypnosis, the church, support groups, community groups, journaling, art and/or other hobbies. Not everyone needs to see a psychologist/doctor or counsellor every time they have issues in their life. However if all the above have been tried and seem unsuccessful, and particularly if their pain seems to not be shifting, perhaps that is where referring them to a counsellor would be useful to support their emotional well-being. Broaching the topic can be difficult. Some suggestions are:

- What support are you getting?
- What gives you relief from this emotional pain?
- Who else knows that you feel this way?
- Who can you talk to about this?
- I am wondering if you have a good GP or whether trying some professional counselling might help you?

5. Suggest Referrals

Be ready to suggest referrals. It is not yours to have to manage all the patient's issues on your own. Bring in other experts and refer patients on. Many of the below services are 24 hour in recognition of the fact that for many, the times we need support are often in the wee small hours ...early in the morning when we first wake up or very late, when we can't get to sleep at night. Confidential, anonymous support is only a phone call or webclick away.

REFERRALS

Crisis, Counselling	www.lifeline.org.au	131114
Mental Healthline	http://www0.health.nsw.gov.au/	1800 011 511
Drug and alcohol	http://www.acon.org.au	1800 063 060
Family drug support	http://www.fds.org.au/	1300 368 186
Cannabis support line	http://ncpic.org.au/	1800 30 40 50
Parental Support	http://www.parentline.com.au/	1300 301 300
Kids support	kids helpline	1800 551 800
Youth/teen support	www.reachout.com.au	
Mens' support	http://www.mensline.org.au/	1300 789 978
Child Protection	http://www.community.nsw.gov.au/welcome_to_docs	1800 066 777
Credit Helpline	http://www.wesleymission.org.au/centres/creditline/	1800 007 007
Gambling	http://www.gamblinghelponline.org.au/	1800 858 858
Legal Aid helpline	http://www.legalaid.nsw.gov.au/	1300 888 529
Family Law help	http://www.familylawcourts.gov.au/	
Family Relationships	http://www.familyrelationships.gov.au/	1800 050 321
Salvation Army	http://salvos.org.au/	1300 36 36 22
Grief Support	http://www.grief.org.au/	1800 642 066
Depression	www.beyondblue.org.au	1300 22 4636
Depression	http://www.blackdoginstitute.org.au/	
Teen Depression	https://moodgym.anu.edu.au/	
Postnatal Depression	Dona Maria	1300 555 578
Tresilian (parenting support ages 0-5)		1800 637 357
Pregnancy Line	http://www.pregnancycounselling.com.au/	1300 737 732
Single Mothers	www.ncsmc.org.au	1800 758 150
Carers of Mentally Ill	http://www.arafmiaustralia.asn.au/	
Carers Australia	http://www.carersaustralia.com.au/	02) 6122 9900
Disability information	http://www.ideas.org.au/	1800 029 904
Adult survivors of child abuse		1300 657 380
Domestic violence	http://www.community.nsw.gov.au/docs_menu/	1800 656 463
NSW Rape crisis centre	http://www.nswrapecrisis.com.au/	1800 424 017

Police Assistance any state

131 444

<http://www.psychology.org.au/findapsychologist/Default.aspx>

PAIN LINK HELPLINE 1300 340 357 1300 340 357 FREE

<http://www.painmanagement.org.au/> great tip sheets and blogs for consumers and carers

<http://www.apsoc.org.au/consumer-information-and-links> Australian Pain Society

<http://www.chronicpinaustralia.org.au/> Chronic Pain Australia

<http://www.aci.health.nsw.gov.au/chronic-pain> Pain Management Network (Chris Dial on the front page!)

www.psychologytools.org/pain.html

<http://www.psychology.org.au/Assets/Files/Evidence-Based-Psychological-Interventions.pdf>

http://www0.health.nsw.gov.au/pubs/2008/pdf/Chronic_Disease_Self_Management_Support.pdf

<http://www.cci.health.wa.gov.au/resources/doctors.cfm>

Medibank Telephone Health Coaching <https://www.medibankhealth.com.au/contact.asp> Free in

NSW/ACT/Tas 1300 806 258 or www.gethealthynsw.com.au, www.gethealthy.act.gov.au or www.gethealthy.tas.gov.au. Get Healthy coaches will then make any further calls at a time that is convenient for the participant.

How Life! Telephone Health Coaching (THC) works FREE. For diabetes, heart disease and stroke

<http://sydney.edu.au/medicine/pmri/patient-services/adapt/index.php> ADAPT and INTERVENE

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Appendices:

10 guiding principles relating psychological factors to the management of pain (Linton SJ, Shaw WS. Impact of psychological factors in the experience of pain. Phys Ther 2011;91:700–11)

Treatment phase	Number	Guiding principle	Clinical implications
Assessment	1	Psychological factors that may affect pain outcomes are not routinely assessed by many treating clinicians	Better methods of screening and early intervention are needed to improve feasibility and utility in usual care settings
	2	Persistent pain naturally leads to emotional and behavioural consequences for the majority of individuals	Psychological concepts of learning can be useful to provide empathy and support without reinforcing pain behaviour
	3	Clients who are depressed or have a history of depression may have more difficulty dealing with pain	A brief assessment of mood symptoms should be part of routine screening and intake procedures for pain conditions
	4	Persistent pain problems can lead to hypervigilance and avoidance, but simple distraction techniques are not enough to counter these behaviours	Clinicians should avoid inadvertent messages that escape or avoidance from pain is necessary in order to preserve function
Treatment planning	5	Individuals hold very different attitudes and beliefs about the origins of pain, the seriousness of pain, and how to react to pain	Assessment and treatment planning should take into account individual differences in pain beliefs and attitudes
	6	Personal expectations about the course of pain recovery and treatment benefits are associated with pain outcomes	Providing realistic expectations (positive, but frank and not overly reassuring) may be a very important aspect of treatment
	7	Catastrophic thinking about pain is an important marker for the development of long term pain problems as well as for poor treatment outcome	Clinicians should listen for expression of catastrophic thoughts and offer less exaggerated beliefs as an alternative. A brief assessment might be part of routine intake procedures

Implementation	8	Personal acceptance and commitment to self manage pain problems are associated with better pain outcomes	Over attention to diagnostic details and biomedical explanations may reinforce futile searches for a cure and delay pain self management
	9	Psychosocial aspects of the workplace may represent barriers for returning to work while pain problems linger	Return to work planning should include attention to aspects of organisational support, job stress, and workplace communication
	10	With proper instruction and support, psychological interventions can improve pain management outcomes	Psychological approaches can be incorporated into conventional treatment methods, but require special training and support

DEPRESSION ANXIETY AND STRESS SCALE

name: date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. The rating scale is as follows:

- 0 did not apply to me at all 1. Applied to me to some degree, or some of the time
 2 applied to me to a considerable degree, or a good part of time
 3 applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious i was most relieved when they ended	0	1	2	3
10	I felt that i had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that i was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when i was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that i had lost interest in just about everything	0	1	2	3
17	I felt i wasn't worth much as a person	0	1	2	3
18	I felt that i was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Stress and Anxiety Management Techniques

Explore the below strategies with your patient

- Breathing - abdominal, deep, slow relaxed breathing
- Relaxation training - meditation/yoga/calming words/breathing/distraction
- Exercise - aerobic/regular/routine/enjoyable/sustainable
- Changing catastrophic thinking - noting self-talk and changing “scare” talk.
- Practising coping strategies - phone a friend/journaling/walking
- Confronting fears- visualising and taking incremental “real-life steps to confront fear
- Developing self-nurturing skills - coping affirmations, confidence-building affirmations, building relationship with inner child
- Modifying diet and using appropriate supplements - cutting down caffeine, processed foods, sugars.
- Don’t always feel the need to fix

Depression Support Techniques

- Let the person know if you've noticed a change in their behaviour.
- Spend time talking with the person about their experiences and let them know that you're there to listen without being judgmental.
- Suggest the person see a doctor counsellor and/or help them to make an appointment.
- Suggest to their partner that they go with the person to the doctor or health professional.
- Help the person to find information about depression and anxiety from a website or library.
- Encourage the person to try to get enough sleep, exercise and eat healthy food.
- Discourage the person from using alcohol or other drugs to feel better.
- Encourage their family members to support them, but don't pressure the person to participate in activities.
- Encourage the person to face their fears with support from their doctor/psychologist or counsellor.

Grief Support Techniques

Therese Rando speaks of three parts to grieving:

- rejecting the loss (denial disbelief, numbness, shock);
- reacting to it (depression, guilt, sadness, shame, anger, reliving);
- and getting on with life (renewed energy for future and relationships, some hope).

Be with your patient, whichever stage seems to present at the treatment session, it won't be linear. Avoid sending any “move on” messages or giving platitudes. Just listen and empathise. Don't try to fix.

Building Capacity – worksheet (for you AND your patients!)

This assessment provides an overview of effective strategies to build capacity and renewal to handle change and stress. Fill it out then choose one item from each area that you will actively work on. Using the scale below, rate the following areas in terms of frequency: 5 = frequently 4 = occasionally 3 = rarely 2 = never 1 = it never occurred to me

Physical self-care

- eat regularly (e.g. Breakfast, lunch and dinner)
- eat healthy
- exercise
- get regular medical care for prevention
- get medical care when needed
- take time off when needed
- get massages
- dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- take time to be sexual—with yourself, with a partner
- get enough sleep
- wear clothes you like
- take vacations
- take day trips or mini-vacations
- make time away from telephones
- other:

Psychological self-care

- make time for self-reflection
- have your own personal psychotherapy
- write in a journal
- read literature that is unrelated to work
- do something at which you are not expert or in charge
- decrease stress in your life
- let others know different aspects of you
- notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- engage your intelligence in a new area, e.g. Go to an art museum, history exhibit, sports event, auction, theatre performance
- practice receiving from others
- be curious
- say “no” to extra responsibilities sometimes
- other:

Emotional self-care

- spend time with others whose company you enjoy
- stay in contact with important people in your life
- give yourself affirmations, praise yourself
- love yourself
- re-read favourite books, re-view favourite movies
- identify comforting activities, objects, people, relationships, places and seek them out
- allow yourself to cry

- find things that make you laugh
- express your outrage in social action, letters and donations, marches, protests
- play with children
- other:

Spiritual self-care

- make time for reflection
- spend time with nature
- find a spiritual connection or community
- be open to inspiration
- cherish your optimism and hope
- be aware of nonmaterial aspects of life
- try at times not to be in charge or the expert
- be open to not knowing
- identify what is meaningful to you and notice its place in your life
- meditate
- pray
- sing
- spend time with children
- have experiences of awe
- contribute to causes in which you believe
- read inspirational literature (talks, music, etc.)
- other:

Workplace or professional self-care

- take a break during the workday (e.g. Lunch)
- take time to chat with co-workers
- make quiet time to complete tasks
- identify projects or tasks that are exciting and rewarding
- set limits with your clients and colleagues
- balance your workload so that no one day or part of a day is “too much”
- arrange your work space so it is comfortable and comforting
- get regular mentoring or consultation
- negotiate for your needs (benefits, pay raise)
- have a peer support group
- develop a collegiate networking group
- other:

Balance

- strive for balance within your work-life and workday
- strive for balance among work, family, relationships, play and rest



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