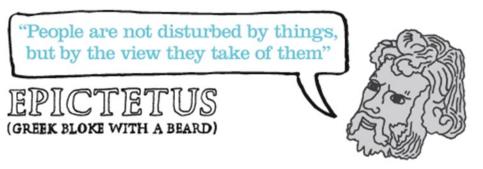
Module 8: Managing Stress (Thinking Differently)

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Managing Stress—Thinking Differently



Event

You come home from work late afternoon and your son/daughter is watching telly in their pyjamas.

Thought one

I can't believe (s) he is not even dressed. I have done a full day's work.

Feeling



Thought Two

Its ages since (s) he has come downstairs to watch telly with the rest of the family. Maybe things are getting slowly better.



Here's what he meant...



Exactly the same event can lead to very different feelings, depending on the view you take of it.

This is also true with situations you are likely to face supporting someone with psychosis or bipolar disorder.

There is no right or wrong •it's just a different perspective.

The important thing is that the way you think can have a big impact on the way you feel.

There are some common thinking traps that we can all fall into, which make us see the negative side of things.



Your Early Intervention team can make sure you get access to the REACT online toolkit



www.reactnhs.uk

Department of Health Disclaimer:

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Common Thinking Traps

1. All or Nothing Thinking (Black and White Thinking)

A tendency to see things in extremes e.g. 'everything is absolutely awful and always will be' vs 'everything is resolved and there will never be any more problems'. The reality for most is somewhere in between i.e. pretty grey. Usually there are some things going well, and some things not. e.g. 'Some things have improved a bit, but there are still challenges ahead'.

2. Jumping to Conclusions

This happens when we assume something (usually the worst) is true without real reason to do so e.g. 'the last medication / therapy didn't work so this new one isn't going to be of any use either'. In fact it often takes many attempts to find the most appropriate treatment for each person.

3. Mind Reading

None of us can really read minds but we spend a lot of time pretending we can. We guess what other people are thinking all the time: whether they like us, whether they are interested in what we are saying etc. This is generally very useful as it helps us to communicate. It can also lead to errors when we assume people are thinking things that they are not e.g. "He just lies in bed all day. He doesn't want to get better.' He might be in bed with a temperature, or really struggling with anxiety that makes it difficult to go out, even though he really wants to go outside.

4. Personalising

It's easy to blame yourself for everything that goes wrong. Many relatives blame themselves for causing psychosis, e.g. 'If I'd been a better parent then she wouldn't have got ill.' There is no evidence that this is the case. There is also lots of evidence to support the role of many other factors such as genetics, trauma, drugs and stress. Many people with mental health problems have excellent parents and family carers.

We hope you found this useful—for more information go to www.reactnhs.uk