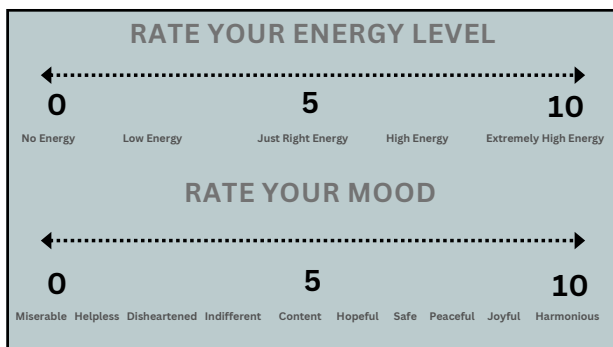
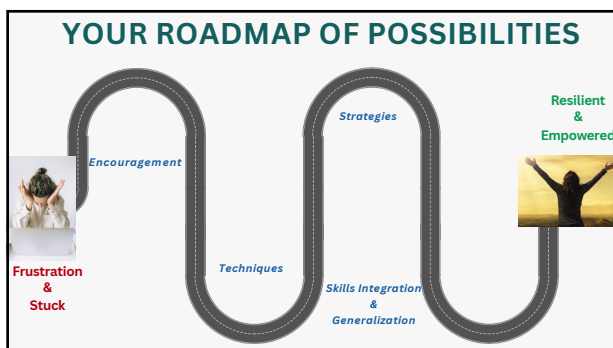



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HEART, MIND & SOUL *in* PROFESSIONALISM



"...when educators separate heart from head, fact from feeling, and theory from practice in how and what they teach, they produce practitioners with 'minds that do not know how to feel and hearts that do not know how to think'"
(p. 254, Wendy Wood)

4

COURSE OBJECTIVES

Upon completion of this course, participants will be able to:

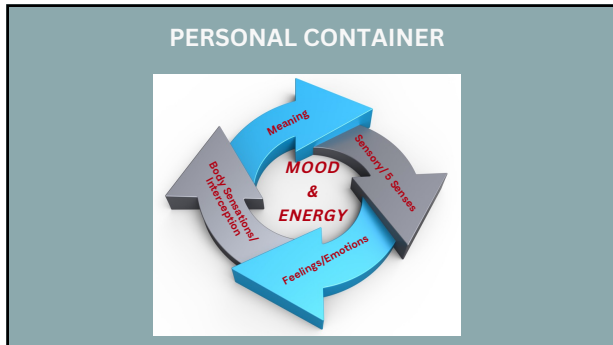
1. Explain the term personal power and describe how it relates to clinical practice
2. Describe nervous system states of dysregulation & regulation
3. Explain the impact that both nervous system states have on professional practice
4. Objectively classify behavior examples into appropriate nervous system categories
5. Select language from The Occupational Therapy Practice Framework, 4th Ed. to describe body functions that correlate to mood regulation and health maintenance
6. Identify and practice two strategies to bring the body into a regulated state

5

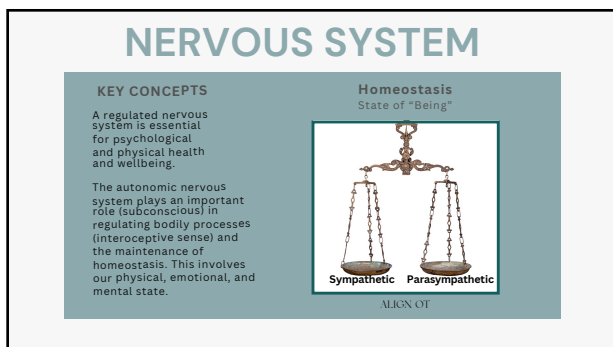
SESSION FLOW

- Assessment
- Professionalism in Practice
- Regulating the Nervous System
- Relationship to Practice
- Points to Ponder
- Assessment

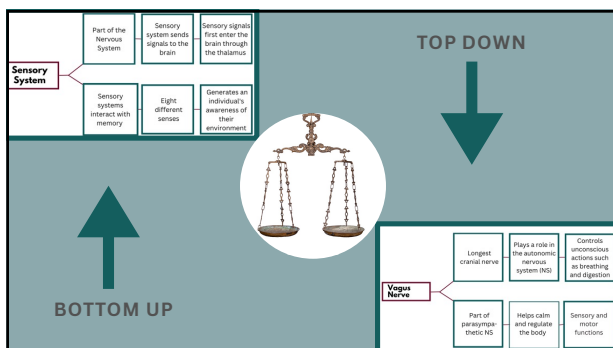
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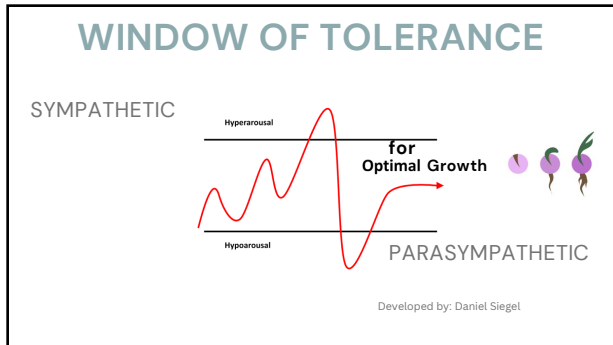
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10

KEY DIFFERENCES BETWEEN		
	Definition	Characteristics
EMOTIONS	Emotions are intense, short-lived reactions to specific stimuli, encompassing a range of responses such as joy, anger, fear, surprise, and more.	They are often brief and intense, triggered by internal or external events, and accompanied by physiological changes. <i>Example: feeling scared after a success or experiencing fear during a thrilling movie.</i>
VS		
FEELINGS	Feelings are subjective experiences that arise from emotions, influenced by personal interpretations, beliefs, and experiences.	They are individual and subjective, shaped by personal perceptions, and can be more prolonged than emotions. <i>Example: feeling warmth and affection toward a loved one or experiencing embarrassment after a mistake.</i>
VS		
MOODS	Moods are sustained emotional states less intense than emotions, coloring our overall disposition over a more extended period.	They are more long-lasting, influencing our outlook and behavior and influenced by various factors such as environment, health, and circumstances. <i>Example: feeling up or feeling cheerful and optimistic, leading to a day that isn't enthusiastic, or feeling persistently low and melancholic without a clear cause.</i>

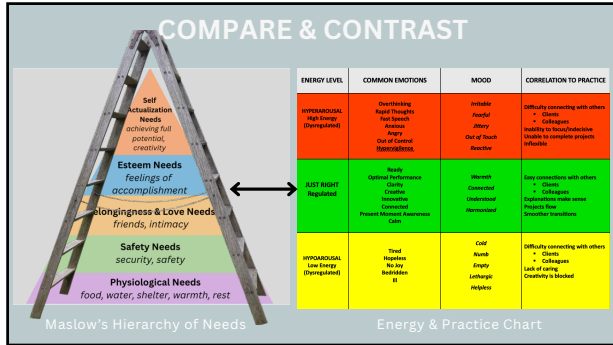
Valerio, 2022

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ENERGY LEVEL	COMMON EMOTIONS	MOOD	CORRELATION TO PRACTICE
HYPERAROUSAL High Energy (Dysregulated)	Overthinking Rapid Thoughts Fast Speech Anxious Angry Out of Control Inconsiderate	Irritable Fearful Jittery Out of Touch Anxious	Difficulty connecting with others • Clients • Colleagues Inability to focus/indiscrete Unable to complete projects Inflexible
JUST RIGHT Regulated	Ready Optimal Performance Clarity Creative Innovative Connected Present Moment Awareness Calm	Warmth Connected Understood Normalised	Easy connections with others • Clients • Colleagues Explanations make sense Projects flow Smoother transitions
HYPOAROUSAL Low Energy (Dysregulated)	Tired Hopeless No Joy Bedridden Ill	Cold Numb Empty Lethargic Helpless	Difficulty connecting with others • Clients • Colleagues Lack of caring Creativity is blocked

(Shellenberger & Williams, 1996)

12



13



14

Language from The Occupational Therapy Practice Framework, 4th Ed. to describe body functions that correlate to *mood regulation* and *health maintenance*

MENTAL FUNCTIONS	MOOD REGULATION	HEALTH MAINTENANCE	EDUCATION
Interception -Internal detection of changes in one's internal organs through specific sensory receptors (e.g., awareness of hunger, thirst, digestion, state of distress) Emotional -Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; lability of emotions	<ul style="list-style-type: none">• Irritable• Warm• Numb	Symptom and condition management -Managing physical and mental health needs, including using coping strategies for illness, trauma history, or societal stigma; managing pain; managing chronic disease; recognizing symptom changes and using strategies for managing and regulating emotions; planning time and establishing behavioral patterns for restorative activities (e.g., <i>meditation</i>) Social and emotional health promotion and maintenance -Identifying personal strengths and assets...expressing needs effectively, seeking occupations and social engagement to support health and wellness, developing self-identity, making choices to improve quality of life in participation	Formal educational participation -Participating in academic (e.g., math, reading, degree course work), nonacademic (e.g., recess, lunchroom, hallway), intracurricular (e.g., sports, band, cheerleading, dances), technological (e.g., online assignment completion, distance learning), and vocational (including pre-vocational) educational activities

From OTPF, 4th Ed., Tables 2 & 9

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Language from The Occupational Therapy Practice Framework, 4th Ed. to describe body functions that correlate to *mood regulation* and *health maintenance*

BODY FUNCTIONS	MOOD REGULATION	HEALTH MAINTENANCE	EDUCATION
Sensory Functions: Sensation related to position, balance, and secure movement against gravity. Sensitivity to Temperature and Pressure: Thermal awareness (hot and cold), sense of force applied to skin (thigmoperception). Motor Functions: Postural Control: Balance: Static and dynamic. Coordination: Voluntary Movement: Eye-hand and eye-foot coordination, bilateral integration, crossing of the midline, fine and gross motor control, oculomotor function (e.g., saccades, pursuits, accommodation, binocularity).	<ul style="list-style-type: none">• Irrity• Understood• Lethargic <ul style="list-style-type: none">• Reactive• Harmonized• Helpless	Physical Activity: Completing cardiovascular exercise, strength training, and balance training to improve or maintain health and decrease risk of health episodes, such as by incorporating walks into daily routine. Personal Device Care: Pressing, using, cleaning, and maintaining personal care devices, including hearing aids, contact lenses, glasses, crutches, prosthetics, adaptive equipment, pessaries, glucometers, and contraceptive and sexual devices. Physical Activity: Completing cardiovascular exercise, strength training, and balance training to improve or maintain health and decrease risk of health episodes, such as by incorporating walks into daily routine.	Formal educational participation: Participating in academic (e.g., math, reading, degree course, work), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dance), technological (e.g., online assignment completion, distance learning), and vocational (including pre-occupational) educational activities.

From OTPF, 4TH ed., Tables 2 & 9

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ALL PROFESSIONALS

- Identify practice guidelines, theories, models and frames of reference you use in your professional practice.
- How does the information you learned in this presentation relate to your practice guidelines? Write down at least 2 concepts.

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REVIEW

- Personal container
- Nervous system regulation
- Emotions, feelings, mood
- Connection between regulation and actualization
- Relationship to professional practice

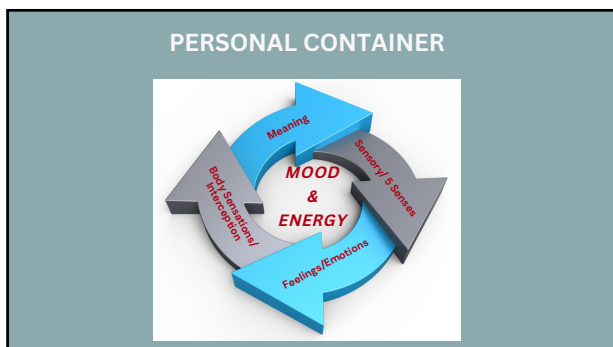
18

POINTS to PONDER

What is something you've learned in this course that surprised you?

Did you know that teaching someone else what you've just learned can significantly improve your retention? Who could you share these concepts with to reinforce your understanding?

19



20

RATE YOUR ENERGY LEVEL

0

5

10

No Energy

Low Energy

Just Right Energy

High Energy

Extremely High Energy

RATE YOUR MOOD

0

5

10

Miserable

Helpless

Disheartened

Indifferent

Content

Hopeful

Safe

Peaceful

Joyful

Harmonious

21

NEXT STEPS

- ☐ Explore
 - SOUND JOURNEY Module
 - POWER OF BREATH Module
- ☐ Wrap Up Module
