A scenic landscape photograph of a mountain valley. The foreground is dominated by a calm body of water, likely a river or lake, which perfectly reflects the sky and the surrounding mountains. The sky is a clear, vibrant blue, dotted with soft, white cumulus clouds. The mountains on either side are rugged and steep, with some greenery visible on the lower slopes. The overall mood is peaceful and serene, suggesting a natural setting ideal for wellbeing.

**Wellbeing Resource
Practitioner Guidance**

<p>Introduction:</p> 	<p>This resource guide has been designed to be undertaken with clients who have been assessed as suitable for the Moving Forward and Making Changes (MFMC) programme. It can be delivered with clients who are either at the pre group, group or post group stage. The Wellbeing plan can be completed in partnership with the client, either with their social work case manager, drawing upon the MFMC management materials or the social worker/facilitator with whom they are undertaking the programme with, drawing upon the full range of programme materials.</p>
<p>Rationale:</p> 	<p>Individuals convicted of sexual offences are a highly heterogeneous group, with considerable variation in type of offence, pathways into offending, harm inflicted, the number of offences, victim profile, relationship to victim, differing degrees of risk and responsivity to intervention. Since, the outbreak of COVID-19 concern has been expressed particularly about the risk of individuals engaging in technological mediated offences, inclusive of online grooming, solicitation for children and accessing illegal child abuse sites (Europol, 2020). Although current research suggests many individuals convicted of online offences (excluding dual offending profiles) may be managed through lower levels of police and social work supervision and intervention (Risk Management Authority, 2018), consideration should be given to the fact that the conditions set by COVID-19, may lead to a heightening of Acute factors and in turn, a relapse into offending behaviour. It is also stated that the pandemic will present even greater challenges for people with vulnerabilities, inclusive of a history of trauma and emotional management issues (Briere et al, 2016; Matheson et al, 2019).</p> <p>COVID-19 has exacted a significant toll on the emotional wellbeing of the general public for a myriad of differing reasons, inclusive of loss, fear and grief linked to the virus. There is also evidence that lockdown conditions can impact on psychological health, inclusive of individuals developing post traumatic stress (Brooks et al., 2020). The economic implications are likely to have far reaching effects but will most likely impact most severely on the vulnerable and marginalised. Reduced access to social and financial supports are likely to be accompanied by a sense of powerless and isolation, which can in turn increase the likelihood for negative feelings and rumination. Although natural responses to a situation which feels thrust upon us, these factors are noted within the male offending population and are deemed to be predating factor that can increase risk.</p> <p>Covid-19 has had an enormous impact on Justice Services and we need to look at ways of providing additional resources for staff to support clients to desist from harmful patterns of behaviour.</p>

	<p>Supporting client wellbeing is central to a rehabilitative process and should be given equal weight to that of monitoring and supervision</p>
<p>Aim/Objectives:</p> 	<p>The overall aim of the Wellbeing Resource Guide is that the individuals that we work with are supported to develop a task orientated/focused approach to managing the impact of COVID-19. The Wellbeing Guide aims adopt a health based approach to improve mental and emotional functioning which are risk factors that can lead to using unhealthy coping mechanisms. In doing so the Wellbeing Guide seeks to support and empower our clients to:</p> <ul style="list-style-type: none"> • To recognise the concerns they may have in relation to COVID-19 and its impact. • To recognise the impact that this may be having on their physical, mental and social wellbeing. • To support them to identify what this may look like in terms of physical presentation and thoughts and feelings for them. • To develop skills/strategies to manage the impact of COVID-19. • To assist individuals to revisit skills developed on MFMC. • To discuss safe ways during current restrictions to enhance social connections. • To remain goal orientated in line with their Good Life Plan. • To develop their own Wellbeing Plan that can alert them to difficulties that they can review regularly so that they can manage their life in a non-harmful way.
<p>Informed by ongoing client formulation:</p> 	<p>In undertaking this guide with clients, it should be informed upon by your knowledge of their Good Life Plan, their SA07 and your ongoing formulation. This includes reference to their personality traits, coping skills and the presence of underlying mental health/psychiatric conditions, neuro diversity issues (such as Spectrum Disorders) and neurological issues or degenerative brain diseases (impacting on cognitive functioning).</p> <p>Importantly, every client, in the absence of an MFMC formulation, should have a Keep Safe Plan, informed by Acute factors. This is undertaken in Session 6 of the Case Management Pack and is revisited at key stages in the programme. The manner in which this Keep Safe Plan is structured importantly reflects the point that although some clients may have made significant progress during their period of supervision, either due to changes in their personal circumstances, a growth of their own coping mechanisms and/or their experiences of intervention. The sudden changes that many have</p>

<p>Case Manager Pack, p65-69.</p> <p>MFMC Programme: Moving to the Future, p.95-109</p> <p>Managing The Future, p.210-220.</p>	<p>experienced due to COVID-19 does warrant their Keep Safe plan to be reformulated.</p> <p>The questions outlined under each Acute domain in Session 6 of The Case Manager Pack can be adjusted to reflect some of the pressures associated with COVID19. This is far from an exhaustive list but consideration can be given to an increase focus on the type and function of online behaviour (Victim Access); their understanding and interpretation of events (Hostility); the function of sex if sexual preoccupation has increased and the type of imagery accessed/sexual acts engaged in. The changes in social supports and the manner in which they are coping with events/changes in their lives (Collapse of Social supports and Emotional Collapse). The function and impact of alcohol/substances if increased. Together with their presentation and response to supervision in light of changes in the manner supervision may be provided.</p> <p>Clients may disclose a heightening of Acute factors. It is important that each risk domain is fully explored, taking into account the specific circumstances of each client; considered within normative behavioural responses to this crisis, for example an increase in pornography use¹, and that risk management protocols are followed in terms of information sharing etc. Please also discuss these areas with your treatment manager.</p> <p>It is important that clients have the opportunity to complete their own wellbeing plan, as this is central to the process risk management. The Wellbeing plan uses language which is more palatable for clients than that of the language employed in the Acute.</p>
<p>Process:</p> 	<p>Please note that the Wellbeing Guide has been developed in a way that can either be delivered over the phone; physically sent/delivered to clients to work through collaboratively with you; or undertaken in the office environment, subject to social distancing guidelines. It is noted that some of the additional exercises are web based and that the client's internet restrictions may prevent them from accessing such sites. However, this can be facilitated by the exercises being accessed and printed out for them. Staff should use their formulation of their clients' needs to determine the suitability of the exercises contained in the guide and the order in which they are undertaken. This includes their knowledge of their clients' learning style. The guidance within the Wellbeing Guide has been broken down into four sequential steps:</p>

¹ An increase of pornography worldwide has been noted during this crisis. Although Mellor and Duff (2019) conclude no direct correlation between accessing pornography and increase recidivism, we do know that increased use can serve to reinforce maladaptive coping mechanism, reinforce hostile views towards females, can lesson vigour for life, result in difficulties in intimate relationships and sexual satisfaction in intimate relationships (Bothe et al, 2017; Buttler et al, 2017).

	<ul style="list-style-type: none"> • Step 1: Identify areas of concern and coping strategies. • Step 2: Apply this to the Wellbeing Traffic Light System. • Step 3: Look at some of the guidance and resources for Client Wellbeing during COVID-19. • Step 4: Write your own Wellbeing plan <p>This guidance document does not seek to explain every exercise/or resource in the Wellbeing Guide but draws out key elements of the guide that link in with the MFMC programme.</p>
<p>Approach:</p> 	<p>It is emphasised that everyone's experience in completing this guide is positive and that participants should feel supported and empowered. It is important that as practitioners we seek to emphasise to clients that many of their reactions to this crisis are normative. Participants should have the opportunity to develop skills to support their emotional regulation during this time of crisis. In addition, using compassion towards self will assist participants in finding ways to address negative feelings, inclusive of inadequacy, which may be heightened during the current pandemic. We should be prepared for ambivalence, confusion and shame from some of our clients when discussing their response to the crisis. It is important to use a compassionate, empathic, supportive, warm approach. Whilst having one which is gently challenging</p>
<p>Key Materials:</p> 	<p>MFMC – Case Manager v1 -1 September 2017</p> <p>MFMC Programme Manual</p> <p>Not all the exercises/resources in the Wellbeing Guide require additional staff guidance, however some provide an opportunity to undertake or revisit assignments within the Case Management Pack and MFMC modules. The specific assignments or modules which correspond with exercises in the Wellbeing Guide will be highlighted in the left hand column.</p>
<p>Identify:</p> 	<p>This exercise offers the opportunity for clients to reflect on their concerns, their impact (thoughts, feelings and behaviour) and their self-management strategies. There is the opportunity to revisit or introduce them to the 'Window of Tolerance', to provide an outline of how we are impacted when we are pushed out-with our window and the behaviours we may engage in. By emphasising how the crisis can push us all out with our 'windows', there is an opportunity to normalise some of their responses to the crisis. This exercise also offers professionals the opportunity to gauge the client's level of insight with</p>

<p>Case Manager. Pack: Session 2 p25-35.</p> <p>MFMC: Introduction to Thinking and Self Management, p46.</p> <p>MFMC: Self Management, p149-158.</p>	<p>regards to how they are processing issues related to the pandemic, their insight into emotions and the extent of their coping strategies.</p> <p>As outlined in the box below, clients should be supported to have an understanding of the types of coping responses that they are exhibiting. It should be emphasised that whilst we all engage in all the listed coping strategies, the optimum coping strategy is task focused coping. That is the strategy that this guide is seeking to promote.</p> <div data-bbox="539 544 1428 1075" style="border: 1px solid black; padding: 5px;"> <p>Coping Responses</p> <p>Emotion-focused coping strategies involve focusing on the emotional responses to problems without taking action to solve the problem e.g crying, worrying, seeing oneself as a victim. It should be highlighted that realistically there are emotional strategies that people use. It's when the individual does this in isolation and doesn't move to taking action to solve the problem that this becomes problematic.</p> <p>Avoidance-focused coping strategies involve escaping from or avoiding the problem and not taking action to solve the problem e.g, watching television, using drugs or alcohol. Again it should be highlighted that avoidance strategies can at times be useful but become problematic if the individual does not take action to solve the problem.</p> <p>Task-focused coping involves the use of behavioural strategies to deal directly with the problem or cognitive strategies to minimise the effects of the problem by reframing it (thinking about it in a different way).</p> </div>
<p>Live Moment to Moment</p> 	<p>In completing these tasks with clients, both sections draw heavily on Session 2 of the Case Management Pack. Many clients, in particular those effected by abuse and trauma may find the basic task of noticing and labelling emotions difficult. Session 2 of the Case Management Pack contains particular helpful tools in supporting this, with the aim of supporting men to recognise how emotions feel, whether they are good or bad and the impact that they can have on their behaviour. This is expanded upon in the Introduction to Thinking and Self Management Module of the programme. If clients have completed this and the Entry module, there is the opportunity to sequence The Self Management module.</p>
<p>Emotions:</p> 	<p>The 'Window Of Tolerance exercise' can again be used to discuss the areas outlined above and the techniques that can be used to support us to feel cool, calm and connected. One such technique is grounding techniques. Grounding techniques support us to move our attention away from unhealthy thoughts and potentially overwhelming emotions. The resource guide provides a range of grounding activities. The aim is for clients to develop their own step by step toolkit for the stressors that they have identified.</p> <p>In both the Case Management Pack and MFMC Programme, a range of Breathing and Mindfulness activities are outlined. Clients should be</p>

<p>Case Manager. Pack: Session 2, p25-35.</p> <p>MFMC: Introduction to Thinking and Self Management, p46.</p> <p>MFMC:Self Management,p14 9-158.</p>	<p>given the opportunity to practice such techniques and if necessary, be coached through them. In relation to breathing techniques, it is better to explain the science behind the techniques- the fact that deep breaths will naturally bring your heart in sync with your breath, resulting in your brain releasing endorphins, which have a natural calming effect and enable us to regulate and manage our emotions better, as opposed to being drawn into a conversation about the spiritual origins of mindfulness. Mindfulness diaries are central to the programme and can be reintroduced with the aim of supporting the men to again develop their own step by step toolkit for the stressors that they have identified.</p>
<p>Self Compassion:</p> 	<p>As emphasised in the Wellbeing Guide, we want this to be a safe and positive learning experience for clients. Self-compassion is not something that necessarily comes easy to us. It is something that takes practice. Guidance, including the rationale for and practice examples may be found in the MFMC Manual. It is important to emphasise that we learn through practice. That they do not emotionally beat themselves up if it does not work for the first time. It is not a reflection of them. Having self-compassion is a very difficult thing.</p>
<p>MFMC Manual: Intro to Thinking and Self Management Module p46 -70.</p>	<p>In addition to the resources within the manual, Dr Kristin Neff has a number of free resources on her website self-compassion.org. Examples of these may be found below:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example 1: How Would You Treat a Friend</p> <p>Please take out a sheet of paper and answer the following questions:</p> <ol style="list-style-type: none"> 1. First, think about times when a close friend feels really bad about him or herself or is really struggling in some way. How would you respond to your friend in this situation (especially when you're at your best)? Please write down what you typically do, what you say, and note the tone in which you typically talk to your friends. 2. Now think about times when you feel bad about yourself or are struggling. How do you typically respond to yourself in these situations? Please write down what you typically do, what you say, and note the tone in which you talk to yourself. 3. Did you notice a difference? If so, ask yourself why. What factors or fears come into play that lead you to treat yourself and others so differently? 4. Please write down how you think things might change if you responded to yourself in the same way you typically respond to a close friend when you're suffering. <p>Why not try treating yourself like a good friend and see what happens?</p> </div>

Example 2: Self-Compassion Break

Think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body.

Now say to yourself:

1. "This hurts" or "this is stress".
2. "Other people feel this way" or alternatively "I'm not alone".

Now, put your hands over your heart, feel the warmth of your hands and the gentle touch of your hands on your chest.

Say to yourself:

1. "May I be kind to myself".

You can also ask yourself, "What do I need to hear right now to express kindness to myself?" Is there a phrase that speaks to you in your particular situation, such as:

"May I give myself the compassion that I need"

"May I learn to accept myself as I am"

"May I forgive myself"

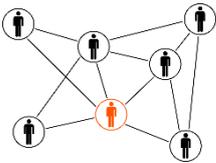
"May I be strong"

"May I be patient"

This practice can be used any time of day or night, and will help you remember to evoke the three aspects of self-compassion when you need it most.

Further web based resources:

- The Charter for Compassion: www.charterforcompassion.org
- The Compassionate Mind Foundation: www.compassionatemind.co.uk

<p>Connection:</p> 	<p>In reviewing this area with clients, a ‘Traffic light system’ can also be adopted in terms of when and where they should accessing their social network:</p>						
<p>Social Supports Assignment, Case Manager Pack, p36-37.</p> <p>MFMC Programme: Discovering Needs: DN2, p.85 and DN5, p.90.</p> <p>MFMC Programme: Social Support p116 -124.</p> <p>Relationship Module, p124-149.</p>	<table border="1"> <tr> <td data-bbox="528 486 663 651"> <p>Staying in Touch</p> </td> <td data-bbox="663 486 1417 651"> <p>You are in a good place. You are staying in touch. Just checking in to maintain contact, either by phone, email, text, social media or safe physical meetups.</p> </td> </tr> <tr> <td data-bbox="528 651 663 824"> <p>Sharing Concerns</p> </td> <td data-bbox="663 651 1417 824"> <p>You have concerns or are worried about your thoughts, your feelings and some of your behaviour, including self-care. You don’t want things to escalate. This type of contact may involve all the forms outlined above but should be extended in order to create the time to speak and share your concerns.</p> </td> </tr> <tr> <td data-bbox="528 824 663 1391"> <p>Crisis Contact</p> </td> <td data-bbox="663 824 1417 1391"> <p>You have clear concerns about your emotional and physical wellbeing. This can include an increase in harmful thoughts and concerns that you may reengage in offending. A crisis contact means that you need an identified person to speak to you or see you straight away. This should include a professional.</p> </td> </tr> </table>	<p>Staying in Touch</p>	<p>You are in a good place. You are staying in touch. Just checking in to maintain contact, either by phone, email, text, social media or safe physical meetups.</p>	<p>Sharing Concerns</p>	<p>You have concerns or are worried about your thoughts, your feelings and some of your behaviour, including self-care. You don’t want things to escalate. This type of contact may involve all the forms outlined above but should be extended in order to create the time to speak and share your concerns.</p>	<p>Crisis Contact</p>	<p>You have clear concerns about your emotional and physical wellbeing. This can include an increase in harmful thoughts and concerns that you may reengage in offending. A crisis contact means that you need an identified person to speak to you or see you straight away. This should include a professional.</p>
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<p>Case Management: There is the opportunity to undertake/revisit the Social Supports Optional assignment. This aims to support someone to identify their social networks and how they can use these positively to assist them in achieve their Good Life goals.</p> <p>MFMC Programme: There is also an opportunity to revisit elements of key exercises in Discovering Needs: People in my Life and Relationships in my Life. This is in addition to optional modules that they may have undertaken or which are assessed as being suitable to be sequenced:</p> <ul style="list-style-type: none"> • Social Support • Relationships Module 							

Remember we are all in this together. We need to look after our own wellbeing in order to look after the wellbeing of others.

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References:

Böthe, B., Tóth-Király, I., Demetrovics, Z., & Orosz, G. (2017). The pervasive role of sex mindset: beliefs about the malleability of sexual life is linked to higher levels of relationship satisfaction and sexual satisfaction and lower levels of problematic pornography use. *Personality and Individual Differences*, 117, 1–8.

Briere, J., Agee, E. and Dietrich, A., 2016. Cumulative trauma and current posttraumatic stress disorder status in general population and inmate samples. *Psychological trauma: Theory, research, practice, and policy*, 8(4), p.439.

Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N. and Rubin, G.J., 2020. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* (London, England), 395(10227), pp.912-920.

Butler, M. H., Pereyra, S. A., Draper, T. W., Leonhardt, N. D., & Skinner, K. B. (2017). Pornography use and loneliness: a bi-directional recursive model and pilot investigation. *Journal of Sex & Marital Therapy*, 44(2), 21–32.

Europol (03rd April 2020) '*Catching the virus cybercrime, disinformation and the COVID-19 pandemic*', accessed 3rd June 2020, via <https://www.europol.europa.eu/publications-documents/catching-virus-cybercrime-disinformation-and-covid-19-pandemic>

Matheson, K., Foster, M.D., Bombay, A., McQuaid, R.J. and Anisman, H., 2019. Traumatic experiences, perceived discrimination, and psychological distress among members of various stigmatized groups. *Frontiers in psychology*, 10, p.416.

Risk Management Authority (2018) '*Literature review: A review of the risk posed by internet offenders*' accessed 3rd June 2020 via <https://www.rma.scot/wp-content/uploads/2018/12/Literature-Review-7th-December-Published-version.pdf>