



Resilient RANGERS



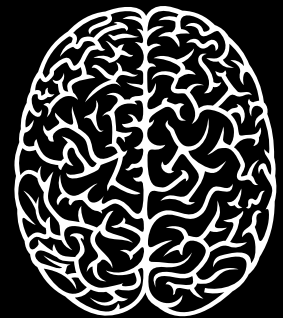
Mental
Health



Physical
Health



Self-Care



Northwestern Oklahoma State University
Counseling Services

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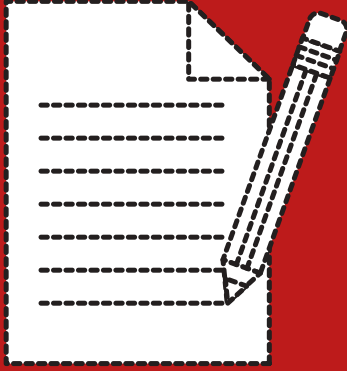
Relaxation Worksheet

Coping Skills Worksheet

Disclaimer- This workbook is for general information purposes ONLY. The content in this workbook is not intended to be a substitute for professional medical or mental health advice, diagnosis, or treatment. Should you have any mental health or medical questions or concerns please consult with a mental health professional or health care professional before making any decision regarding treatment. If you are suffering a mental health crisis or other medical emergency, contact 911.



Academics



Schedule	Tutoring	Take Breaks	Set Work Space
List Assignments & Due Dates	Communicate w/ Instructor	Pomodoro Technique	Plan Ahead
Time Blocking	Set Goals	Declutter Work Space	Online Planner
Daily Routine	Time- Management	Planner	Flashcards

SCHEDULE

Assignment Schedule

DATE	ASSIGNMENT	COMPLETED
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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Time Management



TASKS

	1	2	3	4
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Pick a task you want to complete
2. Set a timer for 25 minutes
3. Work on task until the timer goes off- check off one of the boxes
4. Take a short 5 minute break

Every four - 25 minutes take a longer break

Adapted from the Pomodoro Technique

<https://francescocirillo.com/pages/pomodoro-technique>



Health



**Wash
Hands**

**Limit
Snacking**

Exercise

**Portion
Sizes**

**Drink
Water**

Sleep

**Mindful
Eating**

**Avoid
Touching
Face**

**Nutritious
Meals**

**Reduce
Sugar
Intake**

**Eat
Fruit**

**Limit
Processed
Foods**

**Read
Nutrition
Labels**

**Regular
Meals**

**Reduce
Salt
Intake**

**Eat
Vegetables**

Prevention

Safeguard prescription medication to prevent theft, child poisoning, and other harmful exposures.

Safely dispose leftover prescription medication at a local medication drop box.

MEDICATION DROP BOX SAFE DISPOSAL		
Alva	Woods County Sheriff's Office	407 Government St.
Enid	Enid Police Department	301 W. Owen K. Garrett
Enid	Garfield County Sheriff's Office	114 W. Broadway
Ponca City	Ponca City Police Department	200 E. Oklahoma St.
Woodward	Woodward Police Department	1220 9th St.
Woodward	Woodward County Sheriff's Office	1600 Main St. #1



**Prescription
for Change**



TRANSITIONING INTO HEALTHY EATING



SHUTTERSTOCK IMAGES

Now that I'm away from home, it's hard to decide what to eat. I know that better nutrition will help my performance, but it's hard to figure out what healthy eating means for me. Are there some changes I can make to my meals to keep my energy level high?

HERE ARE THREE STEPS TO HELP YOU IN YOUR TRANSITION:

1. Gain awareness of your current eating patterns and habits:

- Record what you eat for three days to help you determine the changes that will make the biggest impact. Include details such as portion size, beverages and condiments.
- Write it down or use an app to get an overall picture of the changes that would be helpful.
- Record your feelings, energy level and strength before, during and after workouts.

2. Plan ahead, decide on action steps, and gather the tools to help you:

- Reflect on your food journal to determine if there are patterns or habits that are helpful or could be improved.
- Aim for impactful, yet realistic, changes.
- Examples of changes – carrying a water bottle to promote better water intake, if you find you drink more sugary beverages than water; preparing healthy snacks ahead of time to keep in your backpack.

3. Put your goals into action, and continue to record your progress:

- **Eat breakfast** – Choose breakfast instead of the snooze button, so you don't miss out on easy energy! Whole-grain toast and scrambled eggs are a quick and balanced example.
- **Eat more during the first half of your day** – Switch to a heavier breakfast and morning snack, and note the change in your energy level!
- **Watch portions** – Fill only one or two plates at dining hall buffets.
- **Eat more vegetables** – Put at least one vegetable on your plate before anything else. Brightly colored vegetables usually offer the most nutrition.
- **Create healthy side dishes** – Build a brightly colored salad for your side dish. Top it with seeds, egg whites and beans, instead of croutons and full-fat cheese.
- **Choose lower-fat cheese and milk** – Change to 2 percent or skim dairy for the same proteins and carbohydrates, but less saturated fat and cholesterol.
- **Avoid creamy salad dressing** – Change to vinaigrette or other oil-based dressings for healthier fats.
- **Avoid sugary cereal** – Read labels and avoid cereals with lots of added sugar. Fill your bowl with extra low-fat milk for added protein.
- **Look out for calories in condiments** – Try healthier toppings such as peanut butter, plain Greek yogurt, low-fat cottage cheese, avocado slices or salsa.
- **Have a bedtime snack if you have an early workout the next morning** – This will give you a morning boost! A serving of cottage cheese with fruit is a great example.

(For the rewards of healthier eating, turn the page.)

Information presented by



www.NCAA.org
www.scandpg.org | 800/249-2875
www.SportsRD.org | info@SportsRD.org
©NCAA

Deciding to make nutrition changes will pay off! Some of the rewards of healthier eating include:

Increased energy during activity and throughout the day

Eating more whole grains, fruits and vegetables gives you more energy to perform at practice, in the weight room and during competition. This is because carbohydrates provide direct fuel to your muscles. In addition, the vitamins and minerals in healthier foods help create and release energy in the muscle.



Decreased risk for injury

Eating more lean proteins, low-fat dairy (or dairy alternatives), fruits, vegetables and whole grains will provide the minerals you need to keep your bones strong and supported by the muscles protecting them. In addition, the increased energy you'll have will help decrease strains and tears due to muscle fatigue.

Better recovery

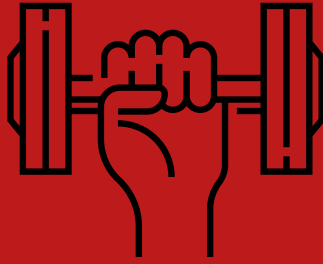
When you're making better food choices, you might notice you're not as sore anymore, you can tolerate heavier weights and you can endure more intense practices. Amino acids and minerals in lean proteins and dairy specifically help rebuild torn muscle fibers that result from intense workouts.

Each time you make a change, challenge yourself to build on it with even more action steps. That way, you'll eventually make healthy eating your habit.





Exercise



Pilates

Aerobics

Stretch

**Jump
Rope**

Run

Garden

Hike

Row

Bike

Walk

**Lift
Weights**

Yoga

Dance

Zumba

Swim

**HIIT
WORKOUT**

PHYSICAL ACTIVITY SAVES LIVES AND PROTECTS HEALTH



1 IN 10 premature deaths could be prevented by getting enough physical activity.

It could also prevent:



1 IN 8

cases of breast cancer



1 IN 8

cases of colorectal cancer



1 IN 12

cases of diabetes



1 IN 15

cases of heart disease



“If you could package physical activity into a pill, it would be the most effective drug on the market.”

Dr. Ruth Petersen, Director of CDC's Division of Nutrition, Physical Activity, and Obesity

INVESTING IN PHYSICAL ACTIVITY MAKES SENSE



BENEFITS FOR CHILDREN

- Reduces risk of depression
- Improves aerobic fitness
- Improves muscular fitness
- Improves bone health
- Promotes favorable body composition
- Improves attention and some measures of academic performance (with school physical activity programs)



BENEFITS FOR ADULTS

- Lowers risk of high blood pressure
- Lowers risk of stroke
- Improves aerobic fitness
- Improves mental health
- Improves cognitive function
- Reduces arthritis symptoms
- Prevents weight gain



BENEFITS FOR HEALTHY AGING

- Improves sleep
- Reduces risk of falling
- Improves balance
- Improves joint mobility
- Extends years of active life
- Helps prevent weak bones and muscle loss
- Delays onset of cognitive decline

PHYSICAL ACTIVITY BENEFITS COMMUNITIES



ECONOMIC

Building active and walkable communities can help:

- Increase levels of retail economic activity and employment
- Increase property values
- Support neighborhood revitalization
- Reduce health care costs



SAFETY

Walkable communities can improve safety for people who walk, ride bicycles, and drive.



WORKFORCE

Physically active people tend to take fewer sick days.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION PLEASE VISIT:
Division of Nutrition, Physical Activity, and Obesity
www.cdc.gov/nccdphp/dnpao



DNPAO
201902



Sleep Hygiene



ZZZ



Meditation	Progressive Muscle Relaxation	Turn Off Electronics	Avoid Watching Time
Relaxation Exercises	Limit Napping To 20 Minutes	Consistent Sleep Schedule	Postpone Worry Thoughts
Journal	Sleep Log	Avoid Caffeine Afternoon/ Evening	Read
7 - 8 Hours Sleep	Turn Off Social Media Notifications	Count Down Slowly From 1,000	Avoid Heavy Meals- Evening



Do You Get Enough Sleep?



1 in 3

Adults don't get enough sleep.

Adults need 7+ hours of sleep a night.

7

OR MORE



Lack of sleep is linked to several chronic diseases and conditions, including:



TYPE 2 DIABETES



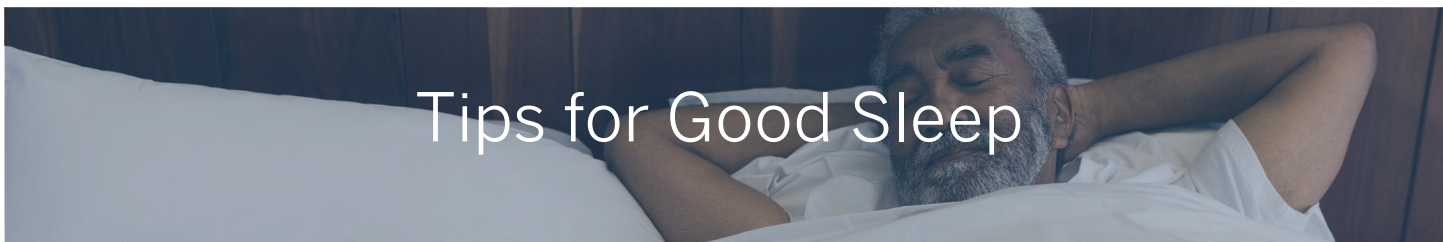
HEART DISEASE



OBESITY



DEPRESSION



Tips for Good Sleep



Go to bed and get up at the same time each day, including weekends.



Keep the bedroom quiet, dark, and a comfortable temperature.



Remove electronic devices from the bedroom.



Avoid large meals, caffeine, and alcohol before bedtime.



Be active during the day to help you fall asleep at night.

Learn more about good sleep habits at www.cdc.gov/sleep.



Water Log



Track your water intake!

MONDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TUESDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WEDNESDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THURSDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FRIDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SATURDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SUNDAY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Body Weight / 2 = how many ounces to drink per day



Exercise Log



Plan your exercises for the week!

S

M

T

W

TH

F

S



SLEEP LOG: Please fill this out for the previous day and night no more than 3 hours after waking. The information can be an estimate when necessary. This sleep log is provided by the National Sleep Foundation, www.sleepfoundation.org.

NAME _____

WEEK OF _____

DAY	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1. Did you nap? a. For how long? b. At what time?	Yes No ____min _____	Yes No ____min _____	Yes No ____min _____	Yes No ____min _____	Yes No ____min _____	Yes No ____min _____	Yes No ____min _____
2. Did you have any caffeine* after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. Did you drink alcohol after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
4. Did you use nicotine after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
5. Did you exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
6. Did you eat a heavy meal or snack after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
7. Did you take any sleeping medication a. What medication? b. Amount c. At what time?	Yes No _____ _____ _____	Yes No _____ _____ _____	Yes No _____ _____ _____	Yes No _____ _____ _____	Yes No _____ _____ _____	Yes No _____ _____ _____	Yes No _____ _____ _____
8. Were you sleepy during the day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
NIGHT							
1. What time did you turn off the lights to go to sleep?							
2. What time did you wake up?							
3. How many total hours did you sleep?							
4. How many times did you wake up in the night?							
5. Rate the quality of your sleep: 1=poor, 5=excellent							
6. Do you feel you got enough sleep?							

Caffeine = coffee, tea, caffeinated soda, chocolate, energy drinks, certain medications.



Mental Health



Journal

**Challenge
Negative
Thoughts**

**Set
Healthy
Boundaries**

**Practice
Mindfulness**

Volunteer

**Positive
Self-
Affirmations**

**Regular
Self-Care**

Counseling

**Support
Groups**

**Go
in
Nature**

**Set a Limit
on
Worry**

**Listen
to
Music**

**Ask
for
Help**

**Breathing
Exercises**

**Progressive
Muscle
Relaxation**

**Limit Time
Spent
Consuming
News**

Common **WARNING SIGNS** of Mental Illness

Diagnosing mental illness isn't a straightforward science. We can't test for it the same way we can test blood sugar levels for diabetes. Each condition has its own set of unique symptoms, though symptoms often overlap. Common signs and/or symptoms can include:

- ! Feeling very sad or withdrawn for more than two weeks
- ! Trying to harm or end one's life or making plans to do so
- ! Severe, out-of-control, risk-taking behavior that causes harm to self or others
- ! Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- ! Significant weight loss or gain



- ! Seeing, hearing or believing things that aren't real*
- ! Excessive use of alcohol or drugs
- ! Drastic changes in mood, behavior, personality or sleeping habits
- ! Extreme difficulty concentrating or staying still
- ! Intense worries or fears that get in the way of daily activities

*Various communities and backgrounds might view this sign differently based on their beliefs and experiences. Some people within these communities and cultures may not interpret hearing voices as unusual.

WORRIED ABOUT YOURSELF OR SOMEONE YOU CARE ABOUT?

? If you notice any of these symptoms, it's important to ask questions



Try to understand what they're experiencing and how their daily life is impacted



Making this connection is often the first step to getting treatment

KNOWLEDGE IS POWER



Talk with a health care professional



Learn more about mental illness



Take a mental health education class



Call the NAMI HelpLine at 800-950-NAMI (6264)

50%
of all lifetime mental illness begins by age **14**

75%
by age **24**

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats

NAMI HelpLine
800-950-NAMI (6264)



HOW TO USE CRISIS TEXT LINE

CRISIS TEXT LINE |

Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support and information via a medium people already use and trust: text.

How it Works

①



Text **HELLO** to **741741** from anywhere in the United States, 24/7. We will text about whatever is a crisis to you - addiction, anxiety, assault, bullying, depression, eating disorders, self-harm, and suicide.

②



The Crisis Counselor listens without judgment, invites you to share more, and helps you move from a hot moment to a cool calm. You'll text back and forth, sharing only what you feel comfortable.

③



After 2 automated responses, you'll connect with a live, trained volunteer Crisis Counselor who receives the text on their computer.

④



The goal of the conversation is help you find calm. That may mean sharing resources for you to check out for more help; sometimes it means listening.

⑤



It usually takes less than 5 minutes to connect you with a Crisis Counselor, maybe longer during busy times.

⑥



Conversations usually end when you and the Crisis Counselor feel comfortable that you're in a "cool," safe place, after 15 - 45 minutes.

Want to get more involved?

Go to crisistextline.org/volunteer to learn about more opportunities



Grounding Exercises



FIND A WORD IN THE ROOM SAY EACH LETTER STARTING FROM RIGHT TO LEFT

THINK OF A COMMON TASK... DESCRIBE EACH DETAIL STEP BY STEP

PICK AN OBJECT... VISUALLY TRACE IT

PICK A SHAPE... FIND 5 OBJECTS IN THE ROOM THAT ARE THAT SHAPE

COUNT DOWN BY A NUMBER FROM 100

PICK UP AN OBJECT.. EXPLAIN IN DETAIL... TEXTURES, COLORS, WEIGHT, TEMPERATURE, SOUNDS





**TRACE YOUR
HAND**

**BREATHE IN
BREATHE OUT**



Set

S.M.A.R.T.

Goals

Northwestern Oklahoma State University
Counseling Services

S SPECIFIC

What? Why? Where? How?

M MEASURABLE

How will I know when I complete this goal?

A ACHIEVABLE

Is this goal realistic?

R RELEVANT

Does this goal align with my life goals?

T TIME-BASED- TARGET DATE

What is the target date to reach this goal?



I am Thankful For

I AM THANKFUL FOR

BECAUSE...

I AM THANKFUL FOR

BECAUSE...

I AM THANKFUL FOR

BECAUSE...



Stress Less



**WHAT HAS WORKED IN THE
PAST TO MANAGE STRESS?**

.....

**NEW WAYS I WILL TRY TO
MANAGE STRESS?**

.....

**WHAT HAS NOT WORKED IN THE
PAST TO MANAGE STRESS?**

.....



Things to remember when

I am having a hard time....





Relax



**WHAT HAS WORKED IN THE
PAST TO RELAX?**

.....

**NEW WAYS I WILL TRY TO
RELAX?**

.....

**WHAT HAS NOT WORKED IN THE
PAST TO RELAX?**

.....



Coping Skills

Write down what coping skills work for you to manage each emotions!

Stressed

ANGRY

Sad

Anxious

Happy



Northwestern[™]
OKLAHOMA STATE UNIVERSITY

Counseling Services

Contact Information

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Director of Counseling & Career Services

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**If an immediate response is required and you are on campus,
contact NWOSU Campus Police.**

Alva Campus: (580) 327-8511

Woodward Campus: (580) 327-8511

Enid Campus: (580) 213-3130

If this is a life threatening emergency, immediately call 911

National Suicide Prevention Lifeline

1-800-273-8255