Development of a Wellness Support Group for Adults Experiencing Mental Illness: A Pilot

Project for a Waiting List Group

by

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The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
DEDICATION

To my parents- this is for you. Without your continuous support, both emotionally and financially this would not have been possible. Thank you for always being there.
ABSTRACT

Individuals living with a mental illness who are seeking mental health services are faced with a troublesome impediment, waiting lists. Treatment for mental health services is available and effective yet, Mental Health Promotion (2005) states that improvements are required for individuals who are seeking services. There are detrimental physical and emotional effects mental health consumers may incur while on waiting lists (Brown, Parker, & Godding, 2002). In addition, waiting lists jeopardize attendance to treatment as consumers fail to attend treatment after a time of waiting (Williams, Latta, & Conversano). The limited research suggests that a multidimensional wellness support group will aid individuals living with mental illnesses live a healthier lifestyle by providing coping skills, insight into their thoughts, emotions, and behaviours, altering their lifestyle factors, as well as increasing overall quality of life while they wait for long term counselling services. The purpose of this research was to evaluate client satisfaction with psycho-educational sessions offered on a drop in basis. The program was offered to ten of the twenty one individuals on the agency’s waiting list to receive long term counselling services. At the end of each session a qualitative data feedback questionnaire was offered for interested participants to fill out. Regrettably, this program resulted in zero attendance; therefore, no data could be collected. There are multiple reasons as to why there may have been zero attendance. Future recommendations include a review of the published literature on predicting client factors of group therapy attendance and dropout for future support group implementation. The ideal outcome for this study would have included an attendance of eight to ten participants, along with the collection of qualitative data; however, if executed in future research it is hoped that the success rate for the wellness support group would be increased as the implementation of a program of this manner may be meaningful to the mentally ill population. Its benefits may result in positive changes to individual’s health, mental health, and overall quality of life.
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Lastly, thank you to my sister. I admire your strength and courage. You’re my inspiration.
TABLE OF CONTENTS

DEDICATION ................................................................................................................................. ii
ABSTRACT ................................................................................................................................... iii
ACKNOWLEDGMENTS ............................................................................................................... iv
LIST OF TABLES .............................................................................................................................. vii

CHAPTER I: INTRODUCTION ..................................................................................................... 1
   Justification for the Project ...................................................................................................... 2
   Rationale .................................................................................................................................. 2
   Hypothesis ................................................................................................................................. 2
   Overview .................................................................................................................................. 3

CHAPTER II: LITERATURE REVIEW ......................................................................................... 4
   Mental Illness and Health ......................................................................................................... 4
   Mental Illness Interventions ..................................................................................................... 5
   Social Support .......................................................................................................................... 11
   The Study’s Relationship to the Literature ............................................................................. 13

CHAPTER III: METHOD .............................................................................................................. 14
   The Support Group Design .................................................................................................... 15
   Participants ............................................................................................................................... 15
   Informed Consent ..................................................................................................................... 16
   Setting and Materials ............................................................................................................... 17
   Measure .................................................................................................................................. 17
   Procedure ................................................................................................................................. 17

CHAPTER IV: RESULTS ............................................................................................................... Error! Bookmark not defined.

CHAPTER V: DISCUSSION .......................................................................................................... 22
   Summary of the Main Findings ............................................................................................... 22
   Strengths .................................................................................................................................. 22
   Limitations .............................................................................................................................. 23
   Multilevel Challenges ............................................................................................................. 24
      Client Level ............................................................................................................................ 24
      Program Level ....................................................................................................................... 24
      Organizational Level ............................................................................................................ 25
Societal Level................................................................. 25
Contribution to the Behavioural Psychology Field............................ 25

REFERENCES .............................................................................. 28

Appendix A: Consent for Use of Agency Name ........................................... 32
Appendix B: Information Poster for Clients ............................................... 33
Appendix C: Letter Mailed to Clients ....................................................... 34
Appendix D: Consent Form .................................................................. 35
Appendix E: Wellness Support Group Questionnaire .................................. 38
Appendix F: The Wellness Support Group Program ..................................... 39
LIST OF TABLES

Table 1. Wellness Support Group Session Outline..........................................................17
Chapter 1: Introduction

According to Mental Health Promotion (2005), there are approximately 450 million people worldwide who are living with a mental disorder, further one in four individuals internationally will develop a mental illness at some point in their lifetime. Mental illness leads to approximately 25% of ailments in Canada, Western Europe, and the United States, and is one of the primary causes of premature death. Individuals living with a mental illness who are seeking mental health services are faced with a troublesome impediment, waiting lists. Treatment for mental health services is available and effective yet; Mental Health Promotion states that improvements are required for individuals seeking services, including recognizing risk factors, removing stigma associated with a mental illness and receiving treatment, increasing education on mental disorders and treatment, and enhancing access to mental health services. According to Williams, Latta, and Conversano (2008), prompt access to mental health services for adults with severe mental illnesses is critical for treatment success; however, this is uncommon in the mental health system. There are multiple costs mental health consumers may incur while on waiting lists including: persistent emotional distress, instability in occupational and social functioning, increased risk for psychiatric hospitalizations, suicide attempts, and even incarceration (Brown, Parker, & Godding, 2002). In addition, waiting lists jeopardize attendance to treatment, not only leading to consumer detriments, but a loss of efficiency in mental health agencies (Williams et al.) Evidence reveals that consumers fail to attend treatment after a time of waiting, even in as little as one week (Brown et al.).

Lennox and Addington Addiction and Mental Health Services (Appendix A) is an agency that provides multiple client centered services to consumers including a community support program, residential program, criminal justice program, addiction services, crisis/central intake, and both short and long term counselling for individuals living with a mental illness and/or an addiction. Currently, a troubling issue within the agency is the length of waiting lists for those
seeking mental health services. Individuals seeking services for either long term counselling or community support may be waiting up to a year. Due to the previously mentioned negative costs associated with waiting lists, the agency had concerns in the mental and physical health of clients awaiting support. The agency had intentions of putting together a wait list management program; however, due to the lack of time, staff, and resources it was not feasible. In collaboration with the agency it was decided that a waitlist group would be beneficial to both the agency and the clients. Perlman et al. (2010) suggested that a waitlist management group using a positive psychology approach will assist individuals by facilitating control over their daily life, including physical and mental health, by combining psychoeducation, social support, and skills building.

**Justification for the Project**

As there is limited research on the types of interventions that would be beneficial for individuals awaiting specific services, the development of “The Wellness Support Group” is based on empirical literature from positive psychology, and is an attempt at developing a best practices approach; the feedback from clients was to be used to inform on the usefulness of the sessions, and allow for future modifications.

**Rationale**

As previously stated, individuals who are placed on waiting lists are vulnerable to the negative costs of waiting. It is imperative that mental health workers examine the value of a support group for those on a wait list to assist in preventing the negative harms, and lowered treatment attendance that is associated with waiting for mental health services. If the drop in wellness group program is implemented and shown to be beneficial to participants, this thesis would assist in leading to future research on implementing a wellness support program for individuals on a waiting list to receive mental health services.

**Hypothesis**

The limited research suggests that a multidimensional wellness support group will aid
individuals living with mental illnesses live a healthier lifestyle by providing coping skills, insight into their thoughts, emotions, and behaviours, altering their lifestyle factors, as well as increasing overall quality of life while they wait for long term counselling services, or community support services. Unfortunately, as there were no participants it was not possible to determine whether group members would benefit as expected, although it is hoped that this program will be run in the future and hopefully outcome can be collected. Therefore, if there were participants the purpose of this research would have been to evaluate client satisfaction with psycho-educational sessions offered on a drop in basis.

**Overview**

The literature review examines the importance of a wait list management group by reviewing literature on waiting lists, interventions for mental health, and positive psychology. Research evidence provides support that a wait list management group is essential for the physical and mental health of the mentally ill population awaiting services. A summary of the methodology, results, and discussion is explored, including recommendations for future research on wellness support groups for this population.
Chapter II: Literature Review

Mental Illness and Health

According to Herman (2001), those who are living with a mental illness may be amongst the most underprivileged individuals in society. Herman argues that the impact in which mental illness affects individuals emotionally and physically can be detrimental to all aspects of life including, difficulties socially, occupationally, and with family members. These difficulties may lead to social isolation, and financial issues of unemployment; thus leading to impairments in health and well-being when compared to individuals in other groups. Deterioration in health can lead to several negative side effects, most importantly a decrease in life expectancy by at least 20% for those living with a serious mental illness (Eldridge, Dawber, & Gray, 2011). Eldridge et al. (2011) state that the leading cause of death for those with serious mental illness is cardiovascular disease. In addition to cardiovascular disease, unhealthy lifestyles, which consist of inadequate diet, exercise, and substance use, may increase the risk of mortality in the future (Eldridge et al). The previously mentioned factors are lifestyle choices in which individuals have the option to control and influence. Psychiatric medications on the other hand, used to treat mental illness, may have serious side effects in which users have little or no control over, including but not limited to weight gain, and diabetes (Vasudev & Martindale, 2010).

There has been established literature on the link between the mind and body (Karen, Smith, Hafenn, & Jenkins, 2010). Karen et al. (2010) states that this connection is present in almost all mental illnesses. Both mental and physical health may interconnect as mental illness can occur prior to, along with, or subsequent to a physical ailment (Herman, 2001). According to Perlman et al. 2010, developing a healthy way of life is imperative to positive mental health; however, this is rarely considered in mental health organizations. Evidence reveals the correlation between physical and psychological factors, though interventions usually aim at only one aspect of functioning (Perlman et al.).
Mireau and Inch (2009) mention that mental health services that are community based are funded by the provincial government in almost all Canadian provinces. They state that this is a concern as funding for mental health services is not equivalent to the need for services, thus resulting in waiting lists. The province of Ontario has developed a wait time strategy in order to decrease the time of waiting in five health care services including: hip and knee replacement, surgery for cancer, cardiac surgery, cataract surgery, and CT and MRI scans (“Ontario Ministry of Health and Long-Term Care,” 2008). The authors state that Ontario’s top priority is to improve access to the essential health services of family health care, and emergency room visits. Although these services are crucial, it can be argued that so too are mental health services and their significance should not be de-emphasized, or minimized. Canada is not the only country to face the issue of waiting lists. Waiting lists for mental health services are present in various countries throughout the world. In an article entitled Long Wait for Mental Health Help (2009) the author’s state that mental health consumers in Scotland may have to wait over a year to receive services. They state that approximately 850 000 Scotland resident’s experience mental illness at any one point, especially those living in economically deprived areas; with research indicating that mental health concerns have associated negative consequences including: Employees requiring time off work, and an overall cost to the public. Literature suggests that not only are mental health consumers anxious about waiting lists, but so too are mental health practitioners; they have reported experiencing feelings of uncertainty and distress as the concern of wait lists in their place of employment continues (Mireau & Inch, 2009).

**Mental Illness Interventions**

Literature on wait list management groups is limited; however, according to Brown, Parker, and Godding (2002), brief interventions for individuals on a waiting list have demonstrated to be effective in improving outcome. They state that brief therapeutic
interventions can range from psychoeducational material, motivational interviewing, medication, or a follow-up phone call or letter to the client.

Mireau and Inch (2009) implemented a brief solution-focused counselling (BSFC) model whereby clients seeking services at a mental health agency in Saskatchewan experienced a shorter waiting period, along with a higher rate for the completion of services. Clients who were referred to the BSFC model attended ten sessions; this was a client centred therapy focusing on individual strengths and successes. Sessions one, four, and ten included the completion an OQ evaluation of the participant’s mental illness symptoms, the value of their interpersonal relationships, and their feelings towards their contribution to meaning life tasks. The brief solution-focused counselling model entailed counsellors using their time efficiently by engaging clients as quickly as possible through the creation of strength building, as opposed to solving problems and mental illnesses. Alternatively, Dunman, Yildram, Ucok, ER, and Kanik (2010) applied a psychoeducational group program to 62 individuals living with a serious mental illness for the duration of a 10 month span. Sessions included information on various mental illnesses and symptoms, information on the effects and side effects of medication, and recognizing signs of relapse. They found the program to be successful by increasing client’s knowledge of mental illness, and treatment in the short term; however, a limitation to this study is the long term effects of the psychoeducational program remain unknown. Lefley (2009) also implemented a weekly psychoeducational support group for 10 – 15 individuals living with a mental illness. As stated by Lefley, group goals included: mental illness management, decreasing social isolation, and increasing self-esteem and self-worth. The results of this study revealed positive changes in participant’s lives, most specifically an improvement in life by conquering fears, and obtaining employment (Lefley). Vreeland et al. (2010) also ran a psychoeducational program for adults living with mental illness. They used Solutions for Wellness, a psychoeducational program, with a group of 34 participants. The program yielded positive results as participants increased their
knowledge of healthy decision making choices, along with experiencing an enhancement in weight loss, decreased body mass index, and a noteworthy reduction in blood pressure (Vreeland et al.). As stated by Vreeland et al. this program emerges as beneficial in combating the emotional and physical health risks of mental illness. Similarly, Brown and Chan (2006) ran a brief mental health promotion program, which included techniques of health promoting behaviours through the utilization of food and exercise diaries and psychoeducation, for individuals with a serious mental illness. They feel that this type of intervention is suitable for this population. Brown and Chan found the study to produce noteworthy gains for participants in both physical health and activity level, along with an increase in overall well-being. In contrast, a multidimensional wellness group was executed with 83 veterans diagnosed with a mental illness (Perlman et al., 2010). As stated by Perlman et al. (2010) the study involved the implementation of stress management techniques, self-care psychoeducation, and behavioural activation activities. As mentioned by Perlman et al. these modules were chosen due to the vast amounts of literature on each subject matter including, cross sectional studies, and reviews. Results of this study revealed significant improvements in the physical and psychosocial functioning of the participants and overtime these results were maintained. The previously mentioned studies have all indicated positive outcomes for those living with a mental illness. The research project incorporates various areas of the studies into its program.

An identified shortcoming in the literature is the need for further research on wait list management. This includes literature on group variables such as, length and number of sessions, and what information to include in group sessions. Another identified limitation in the research is on the topic of funding. Agencies may not have the time, money, or resources to implement a group of this type. The study conducted by Vreeland et al. (2010) faced funding concerns; therefore, a control group could not be included in the study. Williams et al. (2008) were also unable to incorporate a control group in their study. Without a control group, research studies are
unable to say for certain whether the results of the study are due to the intervention (Williams et al.). In the study by Mireau and Inch (2009), the brief solution-focused counselling model required experienced clinicians, as the technique included a broad range of knowledge, and confidence in multiple counseling techniques. Implementing an intervention of this type within various agencies may not be feasible as staff may have varying degrees of work experience.

Limitations mentioned in the study by Dunman et al. (2010) suggest including larger samples and a change in design so that the study is able to measure both long and short term effects, thus allowing researchers to incorporate important information regarding the effectiveness of the intervention. Perlman et al. (2010) suggest that interventions include more supportive structures, such as a peer support group so that clients are able to increase social contact, ultimately with the hopes of increasing his or her support network.

Brown et al. (2002) point out recommendations that should be considered in future waitlist management research including: cultural expectations, gender, age, and socioeconomic status. The authors further describe this by stating that individuals seeking non-life threatening services such as sexual dysfunction and career counseling should be assigned to a counselor when availability opens; however, individuals seeking services for life threatening issues should be seen to promptly. They also suggest that agencies improve their policies regarding prioritizing waitlists by clearly outlining under what circumstances an individual will bump ahead of another when a treatment position becomes available. They state that the limited research available focuses on minimizing waitlists, rather than managing them. Overall, further research is required to determine and understand which interventions are the most efficient, valuable, and effective, along with increasing the public’s awareness of waiting list concerns (Brown et al.).

Positive Psychology

According to Faller (2001), positive psychology is the study of evaluating constructive human qualities and virtues; positive psychology assesses an individual and determines what is
effective and what is working for them, and appraises what needs to be improved in his or her life. Positive psychology encompasses the concept of wellbeing. This is a relatively new evidence based practice approach that allows mental health practitioners to promote wellbeing, aside from treating the individual’s illness (Slade, 2010). Wellbeing focuses on overall mental, physical and emotional health. Faller (2011) mentions that positive psychology is practical as it engages individuals to focus on the positive aspects of their lives such as what makes them happy and what makes life valuable. The author states that this is achieved by reconnecting people back to the positive aspects of their life, thus promoting growth. Karen et al. (2010) mention that there are four principles in wellbeing: hope, a sense of acceptance, purpose, and locus of control. She feels that the previous healing principles needed to be considered in interventions. Evidence reveals that positive wellbeing leads to enhanced health and can ultimately increase life longevity (Perry, Presley-Cantrell, & Dhingra, 2010). Slade (2010) states that the focus of wellbeing is becoming prominent internationally, including the United Kingdom, as the concept of wellbeing is possible even with the presence of a mental illness.

Literature reveals the need for mental health practitioners to value the importance of not only treating illness but assisting in improving overall mental health, thus contributing to the concept of wellbeing (Slade, 2010). Positive psychology is a proactive field, encouraging individuals to engage in life activities through the investigation of finding purpose in one’s life, also pointing to wellbeing. As discussed in the literature, the important areas of psychological wellness include, goal setting, and social support, along with re-engaging individuals back into their lives.

This research project is a best practices approach with the incorporation of positive psychology concepts. According to Bond and Campbell (2008), mental health evidence based practices, which have had precise and rigorous research to support their efficiency, includes family psychoeducation, client directed recovery activities, management and recovery of mental illness, and health promotion programs. Parts of the previously mentioned evidence based
interventions are incorporated into the research project. The Wellness Support Group is a variation of the client directed recovery program. Although there will be two co-facilitators, the group is also intended for individuals to obtain social support from others who are experiencing similar difficulties. Lefley (2009) suggests that psychoeducation encompasses several therapeutic components; however, it is not psychotherapy. She states that facilitators of mental health programs need to take into consideration flexibility, most specifically optional attendance, duration of the group, and the emphasis of connecting socially with group members among sessions. The concern of attendance with the research project was taken into account; therefore, The Wellness Support Group was to be an open drop in program, with the sixth session educating participants on resources in the community, thus assisting in decreasing participant’s social isolation. By informing participants of social activities in the community it could have increased social support. Stress management was the first session in the group. Perlman et al. (2010) suggests that the evidence for the effectiveness of stress reduction techniques is well established. Karen et al. (2010) states that deep breathing, imagery, and progressive muscle relaxation are three effective methods in reducing stress. The second session, self-care, is aimed at facilitating individuals to achieve an enhanced physical health, relating to evidence based health promotion programs (Perlman et al, 2010). Emotion regulation is the third session of the support group. The University of California (1995) argues that emotion regulation is imperative in mental health. They state that emotion regulation is vital in the following three areas: work, inner life, and relationships. In mental health treatment it is essential that emotion regulation be explained to participants in the biopsychosocial framework, emphasizing that emotion regulation should be taught as to increase the self-confidence of participants (University of California). The fourth session, goal setting, includes curriculum from the management and recovery of mental illness, setting goals and attaining the skills required to set and accomplish goals. Slade (2010) advises goal setting to be individualized and meeting the requests of the client’s goals should be
short term as opposed to long term, goals should be structured allowing for feedback, and they should be a suitable challenge level. The fifth session, communication, includes information on assertiveness. According to Scheyett, Pettus-Davis, and Cuddeback (2010), individuals who are living with a mental illness may have difficulties expressing themselves as they are a vulnerable population. They suggest that treatment on increasing communication is beneficial. By educating individuals living with a mental illness on assertiveness it may lessen social anxiety, and issues that those individuals are facing with family members, friends, and even concerns regarding their own values and rights.

This research project comprises the concept of personal recovery. As stated by Slade (2010) personal recovery entails individuals working towards achieving increased mental health, despite the occurrence of any mental illness. Supported by the literature, this pilot project will be a skills building program designed to educate clients on improving overall wellbeing, regardless of their mental illness. Skills building through a positive psychology approach was executed in the study by Perlman et al. (2010), as skills were taught participants were encouraged to practice the skills in the group; skills building included: coping skills, behavioural activation strategies, stress management techniques. Karen et al. (2010) supports the use of behavioural treatments stating that the intervention should aim at teaching coping skills, discuss participants’ behaviour and participants’ values in obtaining positive health, and promote achieving an increased quality of life and optimal wellbeing. The discussion of previous life trauma or difficult times in a group of this nature is discouraged as the group focus is on solution building (Perlman et al.) in the present and focusing on the positive qualities within an individual’s life.

Social Support

Dr. Martin Seligman, the founder of positive psychology argues that for self-actualization to occur, the social environment needs to be accounted for (Faller, 2011). In addition to psychoeducation and skills building, the third main aspect of the wait list management program
is social support. It is essential that the group incorporate this as literature reveals the significance of a group atmosphere, as opposed to individual approaches. Individual approaches have shown to have reduced success (Perry et al., 2010). Karen et al. (2010) state that social support is broad and can range from family members to coworkers, friends, neighbours, and members of the same church. Perry et al. (2010) state that a supportive environment may have the maximum lasting impact on overall health. A study conducted by Hendryx, Green, and Perrin (2009) revealed that social support encouraged recovery for 153 participants living with a mental illness when analyzing data of the participants. The authors revealed that higher recovery scores were based on higher levels of support social and participation in activities. Social isolation can lead to an increased susceptibility to physical ailments and a shortened lifespan (Faller, 2011). Karen et al. (2010) supports the significance of social support in changing behaviour. The authors state that social support has been determined to act as a barrier against stress by shielding against the illnesses of stress, along with increasing overall wellbeing and health under whatever circumstance an individual is under, as social support provides stability and reassurance. Social support and heart disease are interconnected, even the simplest social connection has a positive effect on the heart; understanding how social support and the heart connect still remain unknown; however, the most well-known theory states that social support affects areas of the brain that are involved in de-stressing the body (Karen et al., 2010). The authors state that evidence suggests individuals without a strong supportive network have increased susceptibility to disease such as depression, complications during pregnancy, high blood pressure, and an increased risk for accidents. Evidence on the impact of social support even dates back to the studies of Harlow’s monkeys, where newborn rhesus monkeys were taken from their mothers and exposed to two surrogate monkeys (Stephen, Paulhus, & Nairne, 2008). According to Stephen et al. (2008) one was offered a soft cloth and no food, and the other was made of wire but provided food; it was determined that the baby monkeys preferred the surrogate
mother that was soft and did not provide nourishment. This supported the idea that contact comfort, a form of social support, was significant in attachment (Stephen et al., 2008). Due to obvious ethical reasons this study could not be conducted with humans, but from this research it was clear that monkeys and humans were similar in their need for social comfort and support (Stephan et al., 2008). Perlman et al. (2010) stressed the importance of social support in their wellness group program for veterans as group members were able to motivate and encourage each other through difficult times and successes.

Yalom (1985) reports on the significance of group therapy through eleven primary factors. Although the research was conducted on group therapy, the Wellness Support Group is a helping group process applied to alleviate mental illness through the implementation of psychoeducation and skills building. Yalom states that there are eleven therapeutic principles in groups, they are as follows: “Instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviour, interpersonal learning, group cohesiveness, catharsis, and existential factors” (p. 3-4). This literature supports the value of groups and the previously mentioned beneficial factors are present in groups. As stated by Yalom, mutual support from group members offers comfort and allows individuals to feel a sense of security knowing that they are not alone in their battles. Perlman et al. (2010) suggests the significance of groups, emphasizing the importance of two essential elements, encouragement and mutual support, two tenets of positive psychology. Evidence on the benefits of social support assists this pilot project in the notion that a waitlist management group is essential for the mentally ill population.

**The Study’s Relationship to the Literature**

Further research is required on mental health waitlists and wait list management interventions. There is a vast amount of literature arguing the importance of prompt access to mental health services and treatment success for those living with a mental illness (Williams et
al., 2008); however, the concern of wait lists for mental health services is present. This wait can lead to numerous detrimental effects for mental health consumers (Brown et al., 2002). It has been established that brief therapeutic interventions for those awaiting mental health services has been effective in improving outcome. The development of this research project is based on the empirical literature of positive psychology, and the concept of wellbeing. The literature indicates a need for waitlist management groups, such as the “Wellness Support Group”, which incorporates a multidimensional approach of skills building, psychoeducation, and social support.
Chapter III: Method

The Wellness Support Group Design

This program was a multidimensional wellness support group which incorporated skills building, social support, and psychoeducational material; with the hopes of increasing participants overall wellbeing. By educating participants on various topics using a multidimensional approach they may leave the session with tangible coping skills to take home while they are on the waitlist to receive mental health services. The group was developed as open and to be co-facilitated with the student researcher and a staff member of the agency. Participation in the group was voluntary, potential participants were given the option of when and if they attended sessions.

This study was a non-experimental research design. As the program was developed as a drop-in group, collecting quantitative data was unfeasible as participants could vary each week; therefore, qualitative data was the chosen outcome method. To assess the usefulness of the sessions and the client satisfaction of the psychoeducational sessions offered on the drop in basis, a satisfaction survey questionnaire was developed.

Participants

The program was offered to ten of the twenty one individuals on the waiting list to receive long term counselling services. Eight females and two males were identified as potential participants and each individual was of the age of eighteen or older. The Director of Services and therapists had a meeting to discuss who was going to be offered the opportunity to participate in the group. Reasons that individuals were excluded were as follows: location of residence, past or current self-harm behaviour, past or current life trauma, volatile behaviour, or individuals who were seeking Eye Movement Desensitization and Reprocessing therapy.

The ten individuals who were offered the opportunity to participate in the group were mailed a poster with detailed information about the innovative group (Appendix B). A letter (Appendix C) was also included in the envelope, which informed clients of who the student was,
the name of the group, the location of the group, and that an information flyer was enclosed in
the envelope notifying individuals about the services the wellness support group provided.
Additionally, contact information was provided for those with any questions. Approximately one
week after the poster and letter were sent a phone call was made to each of the ten individuals.
This phone call allowed clients to ask any questions they had and to inform them with more
detailed information about the group.

As the group was open, the number of participants in each session could potentially vary.
Ideally, in order to maximize the possible benefits of the group to as many individuals as
possible, yet, still have a small enough group size that allowed for adequate discussion and
participation among participants, eight to ten participants would attend this wellness support
group. However, if there were additional participants, over the recommended eight to ten, they
would be accommodated and not excluded from the session.

Informed Consent

As the program was a drop-in group, the attendance of clients was unknown until the
beginning of each session. For this reason clients would be provided the consent form to read
and sign (Appendix D) at the beginning of each session. A conversation was planned for the
beginning of each session to ensure that participants were aware of his or her rights as research
participants. In this discussion, participants would be informed that signing the consent form was
completely voluntary and that participants had the authority to not complete the questionnaire,
derop out, or not attend the group again at any time. As well, the emphasis on withdrawing from
treatment without incurring any undue bias to current or future treatment would be highlighted.
All participants would be offered the opportunity to ask any questions they had to clarify any
confusion or uncertainty. This pilot project was approved by the St. Lawrence College Research
Ethics Board.
Setting and Materials

The wellness support program was planned for Thursdays for the duration of six weeks. Each session would run one and a half hours at the Lennox and Addington Addiction and Mental Health agency building, in the multi-purpose room. Each session incorporated handouts of what was to be discussed during the session, as well as a computer projector to illustrate short videos. These videos were to be utilized to visualize and emphasize certain techniques presented to participants. Additionally, consent forms and questionnaires, along with writing utensils, were to be available at each session.

Measure

Wellness Support Group Questionnaire

At the end of each session a satisfaction survey (Appendix E) was prepared for interested participants to fill out. The feedback form included instructions on how to complete the survey. The questions on the form were directed in the hopes of receiving as much feedback as possible so that future modifications could be made to the program. It was intended for any data to be presented and comparisons and themes identified and described.

Procedure

The student researcher produced each session for the group, with the assistance of the co-facilitator by providing information sheets on each topic. An outline of each session for the Wellness Support Group can be found in Table 1

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Outline</th>
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<tbody>
<tr>
<td>Beginning of each Session</td>
<td>• Consent Form</td>
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<td></td>
<td>• Group Values</td>
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<td>• Confidentiality</td>
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</tbody>
</table>
| 1. Stress Management | - Sensitive information and leaving the room  
- Stress  
- Stress Management  
- Relaxation  
- Diaphragmatic Deep Breathing  
- Grounding Techniques  
- Hints to Avoid Harmful Stress |
|-----------------------|------------------------------------------------|
| 2. Self-Care          | - Diet  
- Physical Activity  
- Sleep  
- Caffeine  
- Drugs and Alcohol |
| 3. Emotion Management | - Interpreting Emotions  
- Describing Emotions  
- The Function of Emotions  
- Alternative Ways of Coping |
| 4. Goal Setting       | - Why set Goals?  
- Goal Setting Tips  
- Smart Goals |
| 5. Communication      | - Assertiveness  
- Relationships and Feedback  
- Communicating with Family Members |
| 6. Resources in the Community | - SOS Group  
- Pier 17  
- Stratchona Paper Centre- Skating, gym  
- Volunteering  
- Public Library  
- Napanee Indoor Pool  
- Crisis line at L&A Addiction and Mental Health Services |

The preferred environment for the group is relaxed and welcoming. The consent form, confidentiality, and group values should be presented at the beginning of each session. After this, the co-facilitators should discuss the information provided on the handouts. Examples of various techniques and concepts can be provided, and participants are to be encouraged to participate in discussion whenever applicable. Individual exercises are included on the handouts and participants should be encouraged to honestly fill out the questions or scales provided. This
information is to be considered confidential and participants are not required to voice their answers. The assignments are used in order to provide insight in participants’ thoughts or behaviours. At the end of the session group members should be encouraged to complete the feedback questionnaire. The feedback given can then be utilized to assist in improving the quality of the group by allowing for future modification to be made to the program, as well as provide feedback to the facilitators.
Chapter IV: Results

A program titled “The Wellness Support Group” was prepared to assist with managing the Adult Addiction and Mental Health agency’s waitlist. This manual can be located in Appendix F. Regrettably, this program resulted in zero attendance. Consequently, sessions were unable to run. There are various possible reasons as to why the lack of attendance might have occurred. This will be discussed later on in the limitations section.

Literature on group therapy factors of attendance was reviewed to determine possible factors of the zero attendance in the Wellness Support Group. Research on attendance in groups is very limited as most lies in the area of individual counselling. MacNair and Corazzini (1994) state that clients may feel overwhelmed and threatened by the thought of attending a group. They state that there are six imperative factors that need to be considered with regards to predicting non-attendance or drop-out in groups, which include substance abuse issues, interpersonal factors, anger, somatic complaints, difficulties with roommates, and disagreements with spouse or partner. Another significant factor is previous therapy; research reveals that clients who have had previous therapy, whether individual or group, are more apt to attend group therapy; those living with severe disorders benefit from receiving individual therapy prior to attending a group (MacNair & Corazzini). Hird, Williams, and Markham (1997) argue that if clients are to face a consequence as a result of not attending a group they are much more likely to be present. Additionally, they reveal that the motivation to attend a group may also depend on their stage of change from Prochaska and Diclemente’s model.

According to MacNair-Semands (2002), the leading concern within groups is on the inconsistency of attendance. The authors found that a beneficial tool to selecting group members is through the utilization of a pre-group session, whereby clients are asked to attend in order to build rapport with the facilitators, discuss any questions or concerns about the group, and to assist clients in realizing that they are not alone in their struggle. Literature shows that pre-group
sessions have resulted in higher attendance rates. MacNair-Semands supports the notion of low attendance rates for those with an angry or hostile personality. Based on the existing literature the strongest indicator of group attendance may be previous individual counselling (MacNair and Corazzini, 1994). They suggest that previous individual counselling is imperative in educating clients on the dynamics of a group, as well as teach basic communication skills such as listening skills, discussion within a group, and providing and receiving feedback.
Chapter V: Discussion

DISCUSSION

Summary of the Main Findings

The Wellness Support Group was designed to assist with managing the Adult Addiction and Mental Health agency’s waitlist through the implementation of a waiting list support group. Unfortunately, as previously stated, there was no attendance to any of the six sessions offered at the agency; therefore, no data could be collected to evaluate client satisfaction with the psycho-educational sessions offered on a drop-in basis.

There are multiple reasons as to why there may have been zero attendance. Those who are living with a mental illness may be facing many challenges in their life such as meeting basic necessities, and receiving proper health care. These impediments might have been a barrier to attending a support group. As well, literature has shown those who are on a waiting list to receive mental health services often fail to attend treatment after a time of waiting (Brown et al., 2002). Additionally, analyzing the literature on attendance rates for group therapy is imperative when identifying the limitations to this study and making modifications for future research.

The ideal outcome for this study would have included an attendance of eight to ten participants, along with the collection of qualitative data from the Wellness Support Group questionnaire. The collection of data would have allowed for data analysis and information on the usefulness of the sessions. This information would have been crucial in incorporating feedback to future modifications to the study.

Strengths

The main strength of this project is the creation of the programming for a multi-dimensional support group for the agency. Presently, this program is original and innovative as there are no other programs in literature of this type. The information included in the program includes psychoeducational material, and skills building activities. A second strength is the
literature review conducted; this could be added to the minimal existing literature on wait list management groups. Additionally, the interest from agency employees on the usefulness and importance of a wait list management group was evident through their encouragement and curiosity in questioning the progress of the project at several times throughout its creation. The agency now has an option to managing their waitlist, whether the program is to be implemented in the future or modified to fit the agency’s needs at that time. Copies of each session can be made available as a resource of information to hand out to clients on the waitlist for mental health services; clients may choose whichever of the six sessions is of importance and need to them for personal reference to take home and review.

Limitations

Limitations of This Project

Although the designed program holds potential and an opportunity for managing waitlists, there are several limitations to this study. As there was zero attendance neither qualitative nor quantitative data was able to be collected. Ultimately, the usefulness of this program could not be assessed. The group was also scheduled to run on a Thursday afternoon for the duration of one and a half hours, this may have led to a time restraint for those who are employed during the day. As well, the group was only offered to ten individuals on the waiting list; as there was no attendance this may have been an indicator to offer the group to a larger number of individuals who are on the waitlist. There was no rapport built with the clients on the waitlist, except for a phone call in which each client was contacted. The potential participants identified that they would either possibly attend or not attend the sessions. This may have played a factor if the clients had hesitations and discomfort in participating in a group setting. Although staff were enthusiastic about the study, there may have been some hesitation with regards to promoting the pilot project due to uncertainty of its novelty as the staff of the agency have years of experience without exposure to a group of this type. Essentially, this project was a pilot study
and there was very limited research and literature to compile and review; it was developed based on what works for mental wellness in general. In spite of the previously listed limitations, the contributions of this study have made it a valuable and worthwhile study.

Multilevel Challenges

**Client Level.** There are multiple challenges that arise for those living with a mental illness. Individuals may be faced with a dual diagnosis, or a concurrent disorder, thus living with multiple presenting issues. Individuals living with a mental illness are also frequently in a state of crisis. As a result, these impediments may interfere with attendance rates to mental health services. This drop in group holds promise of being valuable. An observation that should be noted was that during the implementation of the thesis, clients appeared to be eager to receive services; however, when a drop in group was offered individuals did not take the initiative to attend the group. It is difficult when services are being supplied and offered to clients and they do not take partial responsibility in attending the support offered. In some instances legitimate issues may present in which clients are unable to attend but for others some level of commitment has to come from the client too, if they are requesting services.

**Program Level.** Designing a program of this type was difficult as research on the topic was very limited. One of the main challenges in the mental health field is waiting lists. Individuals who are seeking services may be waiting up to a year to receive services. This is concerning due to the supporting literature on the negative effects associated with waiting for mental health services. This leads to the challenge of allotting and finding time for mental health professionals to build a program of this type. As it was a pilot project it was novel and had to be designed with no previous studies or examples. The agency had intentions of designing a wait list management program; however, due to the lack of resources it was not possible until an undergraduate student completed their placement at the agency. Additionally, at the program level, when treatment slots do become available matching the client and clinician to the most
therapeutic match may be difficult as this is not always considered, therapy may be based upon availability.

Organizational Level. One of the main issues faced at the organizational level is the lack of funding, which poses a challenge to the implementation of services. The need for services in the mental health field does not always match the level of funding. With a lack of funding there are limited resources, which can lead to waiting lists, a program level challenge. With clients who are often in a state of crisis, providing continuous support is difficult as short term counselling lasts only six to eight sessions within the agency. Additionally, once the program was developed other challenges arose, this included the referral clients. Mental health agencies may struggle with deciding on scheduling, location, and which staff will facilitate the program.

Societal Level. Although progress has been made over the years, there is still a stigma attached to those living with a mental illness. Literature supports that those living with a mental illness are at increased risks for health concerns, which can impact life negatively in other ways, such as lack of employment and social isolation. With a lack of funding in the mental health services it may be difficult to provide adequate care and services. Individuals with a mental illness often have difficulties meeting basic necessities. This can have a detrimental impact on his or her overall wellbeing, thus leading to an increased risk for a lower life expectancy. This program is currently not running; however, after revisions the agency may consider implementing it again. This program holds promise to assisting the mentally ill population live a healthier life with sessions on self-care, goal setting, and stress management. Additionally, promoting a program of this type within the community and public may assist in individuals understanding the importance of mental health services.

Contribution to the Behavioural Psychology Field

This project adds to the field of behavioural psychology as currently there is limited research regarding wait list management programs for adults living with a mental illness. It is
imperative for practitioners in the mental health field to learn the value of a support group for those on a waitlist to assist in preventing the negative costs, and lowered treatment attendance that is associated with waiting for mental health services. Although this group was unable to run, it holds much optimization and reveals potential for future implementations for those seeking mental health services. It is hoped that this program will run in the future and hopefully outcome data can be collected. The study’s literature review and program may assist in leading to future research on implementing a wellness support program for individuals on a waiting list to receive mental health services. Additionally, a program of this manner assists in the financial concerns of meeting the demand for services that is currently troubling the mental health system, by providing an option for those on the waitlist. With the expanding knowledge and familiarity of this program the agency may be able to add more referrals to the program, thus hopefully increasing its attendance rates. Ultimately, if this program is to be implemented again with suggested changes to increase its chances of success, it may decrease the continuous demand placed on long term therapists, knowing that clients are receiving support in the interim.

**Recommendations for Future Research**

In order to increase the future success of this program various strategies need to be considered. It is important to remember the published literature on predicting client factors of group therapy attendance and dropout, and take these into consideration for future support group implementation. In order to evaluate the effectiveness of this program it will be important to collect data. The collection of qualitative data would suffice; however, collecting quantitative data would be stronger and would allow for a more rigorous data analysis to be completed. In order to engage clients it might be important to contact individuals on the waitlist to determine what information and skills building, clients would benefit from in the sessions. Moreover, conducting additional research to identify what information can be further added to the sessions. As well, offering the group to more clients or everyone on the waitlist to increase chances of
attendance. Altering the timing and length of group sessions might impact attendance rates. It would be beneficial to contact individuals on the waitlist to identify a consensus of the most accommodating time for attendance. As identified in the literature, it is imperative to include a pre-group meeting in order to build rapport with clients, answer any questions he/she may be concerned about, and allow individuals to become comfortable in a group setting, knowing that they are not alone in their struggles. It may be worthwhile having individuals attend short term crisis counselling at the agency, as previous individual therapy has been identified in the literature as being one of the most significant factors associated with higher attendance rates. Also identified in literature is the requirement of attendance to the support group in order to receive long term counselling. The prerequisite of attending each session may be unrealistic; however, making it mandatory that clients attend at least one session previous to long term therapy may be beneficial to both clients and agency. In the future, it might also be worth considering, if resources permit, adding an incentive to attend the group such as adding a free meal to the group. In addition, connecting the group with another agency where referrals are made or where individuals may be more comfortable in the environment such as a doctor’s office, or Peer 17 may increase attendance rates. If the mentioned changes are executed in future research it is hoped that the success rate for the wellness support group will be increased as the implementation of a program of this manner may be meaningful to the mentally ill population as its benefits may result in positive changes to individual’s health, mental health, and overall quality of life.
References


Appendix A: Consent for Use of Agency Name

approval to use agency name in the thesis

From: Kim Burson (kburson@laacmhs.ca)
Sent: October-28-11 11:55:12 AM
To: katie7427@hotmail.com

Please take this as written approval that Katie Hummel has approval to use out agency name in the body of her thesis.

Kim Burson MSW, RSW
Director of Services
Lennox and Addington Addiction
And Community Mental Health Services
613-354-7528x108
Wellness Support Group

A 6 week program to enhance your overall wellbeing while you are waiting for mental health services

Topics will include:
- Stress Management
- Self-Care
- Emotion Management
- Goal Setting
- Communication
- Resources in the Community

No appointment needed. This is an open group for clients who are on the waiting list for services.

Sessions will run:
Thursday, October 27
Thursday, November 3
Thursday, November 10
Thursday, November 17
Thursday, November 24
Thursday, December 1

Time: 3:00 pm – 4:30 pm
Where: In the Multipurpose Room at 70 Dundas St. E

For more information call Annabelle or Katie @ 613-354-7521 ext. 129

Lennox and Addington Addiction and Community Mental Health Services
70 Dundas Street East, Napanee
Appendix C: Letter Mailed to Clients

Hello

My name is Katie Hummel and I am a student at St. Lawrence College. I am pleased to announce that there is a new program being offered at Lennox and Addington Addiction and Mental Health Services called “The Wellness Support Group”.

Please find enclosed an information flyer about what services this group provides. If you require any further information please do not hesitate to contact Annabelle or myself at 613-354-7521 ext. 129.

Hope to see you there.

Katie Hummel
Encl.
Appendix D: Consent Form

Consent Form

TITLE: ENHANCING A HEALTHIER LIFESTYLE IN ADULTS LIVING WITH A MENTAL ILLNESS THROUGH A WELLNESS SUPPORT GROUP

STUDENT: KATELIN HUMMEL

COLLEGE SUPERVISOR: GERIS SERRAN

Invitation

I am a student in my 4th year in the Behavioural Psychology Program at St. Lawrence College and I am currently on placement at Lennox and Addington Addictions and Mental Health. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to enhance a healthier lifestyle in adults living with a mental illness through a wellness support group.

WHAT WILL YOU NEED TO DO IF YOU TAKE PART?

My Project, “Enhancing A Healthier Lifestyle in Adults Living with a Mental Illness Through a Wellness Support Group” involves a weekly drop in group. Participation in each session is voluntary; although you are encouraged to attend each session, it is not mandatory. Each session will be ninety minutes long, and will include psychoeducation, and skills building on: Stress management, self-care, emotion management, goal setting, communication, and resources in the community. You will be required to complete a questionnaire at the end of each session to determine your perceptions of the session. This questionnaire should take no more than ten minutes to complete. This group focused intervention will be developed in collaboration with you, and agency team members from Lennox and Addington Addictions and Mental Health Services.

WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?

The benefits of this program may include an improvement in your overall health, and mental health, moreover, leading to a healthy lifestyle. As well, there is a possibility that the group will improve your overall quality of life, although this group holds no guarantee and holds no promises in relation to the benefits.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?

The risks of this group might include: Boredom from filling out the questionnaire, uneasiness when discussing your feelings surrounding your disorder, or frustration might occur if your condition does not improve rapidly. The risks are very minimal.
WHAT HAPPENS IF SOMETHING GOES WRONG?
If something goes wrong while participating in this project you can contact Kim Burson, or Annabelle Williams at the Lennox and Addington Addictions and Mental Health, or my college supervisor to discuss your concerns. As well, you may come to me and I will try to direct you on where to go to receive support, and guidance.

WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?
The questionnaire collected will be strictly confidential as the survey will not include any names or identifying information. All data collected will be stored in a cabinet at my residence. You will not be identified by name in any reports, publications, or presentations resulting from this project. I will be the only person who has access to the files, and I will keep them for seven years. After that, the data will be shredded, and thrown out.

DO YOU HAVE TO TAKE PART?
By agreeing to sign this consent form you are committing to at least one 90 minute weekly group session. Participation in this project is voluntary and you may withdraw at anytime without incurring undue biases to current or future treatment. You may refuse to participate in this project.

CONTACT FOR FURTHER INFORMATION.
This project has been approved by the Lennox and Addington Addictions and Mental Health agency and by the Research Ethics Board at St. Lawrence College. The project will be developed under supervision of Geris Serran, my supervisor from St. Lawrence College and in collaboration with Kim Burson and Annabelle Williams of the Addictions and Mental Health Services. If you would like to receive more information about the project or have additional questions or concerns, please contact my Thesis Supervisor, Geris Serran, PhD, at (613) 530-3606 or the Research Ethics Board regarding your right for treatment as research subjects at (research@sl.on.ca).

CONSENT
If you agree to participate in the project, please complete the following form and return it to me before the group session begins. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Board at St. Lawrence College.

Sincerely,

Katelin Hummel, St. Lawrence College Student
CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Participant/Parent/Guardian Printed Name: ____________________________

Age of Participant (If Under 18):______________

Signature: _______________________________ Date: ________

SLC Student Signature: ____________________ Date: ________

Printed Name: ____________________________
Appendix E: Wellness Support Group Questionnaire

Instructions: Please take the time to fill out this questionnaire. For question 1 please check off which box applies to you. For questions 2 – 4 please circle which answer best describes you. For questions 5 -7 please be as specific as possible in your answer in order for us to obtain as much feedback as possible. Your feedback will assist in improving the quality of the group, as well as give provide feedback to the facilitators.

Date: __________________________

1. Are you □ Male or □ Female

2. Did you find this session informative?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Did this session address your areas of concern?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. Do you feel that this session provided you with skills that will be of use to you in your life?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. What did you like about this session?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

6. What did you not like about this session?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

7. Was there any information that wasn’t included that you would have liked to learn about? Please add any other specific feedback about the session or the facilitators.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Thank you for your participation!
Appendix F: The Wellness Support Group Program

The Wellness Support Group Program

Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College

2012

This manual was designed to be used only by the agency that participated in this thesis. Permission must be obtained by the author, Katelin Hummel, at katie7427@hotmail.com if others wish to use it.
Session One - Stress

“It’s not stress that kills us, it is our reaction to it” – Hans Selye

What is Stress?
Stress is our emotional and physical response to pressure. That pressure can arise from external factors including: life events, illness (either ourselves or someone close to us), living conditions, work, home, family, school, lack of necessities, or the demands we place on ourselves. Even those events which we see as enjoyable can be stressful, such as holidays, moving, beginning a new job, pregnancy, parenthood.

Common Feelings When Stressed:

Thoughts
- This is too much – I can’t cope!
- It’s unfair. Someone should be helping me
- I don’t have enough time
- I’ll never finish
- I must get this done

Emotions
- Irritable, short tempered
- Anxious
- Impatient
- Angry
- Depressed, hopeless

Physical Sensations – The physical response to stress is caused by the body’s adrenaline response; the body’s alarm signal and survival mechanism when faced with a threat
- Racing heart
- Breathing faster
- Tense muscles
- Hot, sweaty
- Headache
- Difficulty concentrating
- Forgetfulness
- Agitated, restless
- Bladder or bowel problems

**Behaviour**
- Unable to settle, constantly busy, rushing
- Multiple things on the go but unable to finish them
- Sleep disturbances
- Shouting, arguing
- Changes in eating habits (more or less)
- Increase in substance use (alcohol, drugs, cigarettes)
- Crying

**Vicious Cycle of Stress**

- More demands on me & my time
- Tense, headache, can't concentrate, forgetful, start lots but can't finish
- "I can't cope" "I haven't enough time"

Stress

![Diagram showing the vicious cycle of stress](image)
Is There Such A Thing As Good Stress?
Yes! Difficulties or challenges can point us in the direction of growth. We all need a certain amount of challenge in our lives. Not having enough challenge can make us feel bored and dissatisfied. If life becomes too challenging; however, we often begin to feel overwhelmed.

Stress in the form of interesting challenges (eg. sports, children, work) can be positive until our limits our reached. Beyond that limit the challenge can become exhausting rather than exciting.

Another way to view good and bad stress has to do with the amount of control you have. Generally, situations that you choose to get into have fewer negative effects than situations you can’t control. Example: If you offer to care for your sister’s children while she is on vacation you might look forward to the challenge. If you are told that you have to take her children whether you want to or not, you will tend to feel more stressed.
Stress Management

You can cope with stress by dealing with the situation, the interpretation, or the stress response itself.

Situation → Interpretation → Response

Relaxation
Relaxation is allowing physical and/or mental tension to be released. Tension is the body’s natural response to threat, part of the body’s alarm or survival mechanism. It can be a very useful response, but a lot of the time we don’t need this tension, so it is okay to learn to let it go, and learn some relaxation skills.

Healthy living is a matter of balance. Relaxation is part of the balancing process alongside other aspects of your lifestyle such as what you eat, your physical activity level, and how you handle stress. Learning to relax takes practice, as with learning any new skill.

Diaphragmatic Deep breathing

→ http://www.youtube.com/watch?v=_7ySGgAFAAo
**Grounding techniques**

Reorient yourself in place and time and ask yourself some or all of these questions and time by asking yourself some or all of these questions

- Where am I?
- What is today?
- What is the date?
- How old am I?
- What season is it?
- Who is the country’s political leader?
- What is happening right now; what is the context?

The following are examples of behaviours to use for reorientation to place and time:

- Pick up a newspaper or pull up the daily newspaper on your browser. Notice the date and read a current article
- Call a friend and ask the person to talk with you about something you have done together recently
- Step outside and determine the temperature. Is it warm? Is the sun shining? Is there a cold breeze? What season is it?

**Sensory Awareness Grounding Skills**

- Put your feet firmly on the ground
- Listen to music or familiar music you can sing along to. Dance to it. How does it make your body feel?
- Rub your palms; clap your hands. Listen to sound. Feel the sensation
- Hold something that you find comforting. It may be a stuffed animal, a blanket or a favourite sweater. Notice how it feels in your hands. Is it hard or soft?
- Carry something meaningful and tangible in your pocket that reminds you of the present. Touch it to remind yourself that you are an adult
- Try to notice where you are and your surroundings, including the people present
- If you have a pet, touch its fur and speak its name out loud
- Exercise. Ride a bike, stationary or otherwise. Life weights. Do jumping jacks

Discuss with the group other grounding techniques – make a list
Hints to Avoid Harmful Stress

1. Work out priorities
Keep a list - make the tasks possible. Prioritise the tasks in order of importance and tick off when done. Include the important people in your life as priorities and attend to these relationships.

2. Identify your stress situations
Make a list of events that leave you emotionally drained, with one or two ways to reduce the stress for each. When they occur, use them as an opportunity to practise your stress reduction techniques, then, keep notes on what works for next time.

3. Learn to ‘reframe’ statements: Don’t react to imagined insults
It is a waste of time and energy to be oversensitive to imagined insults, innuendo or sarcasm. Give people the benefit of the doubt, talk over the situation with someone you trust. They may have another spin on what was said.

4. Think before you commit yourself to other people’s expectations
We can often perform tasks merely to feel accepted by other people. Practice saying "no" to requests that are unreasonable or more than you can handle at the time - rather than suffer subsequent regrets and stress. Consider whether you should learn to rely less on the approval of others, again, talk this over with someone you trust.

5. Move on: Don’t dwell on past mistakes
Feelings of guilt, remorse and regret cannot change the past and they make the present difficult by sapping your energy. Make a conscious effort to do something to change the mood (eg mindfulness technique or something active you enjoy) when you feel yourself drifting into regrets about past actions. Learn from it and have strategies in place for next time. Learn to forgive yourself for past mistakes.

6. Learn to defuse anger and frustrations rather than bottle them up
Express and discuss your feelings to the person responsible for your agitation. If it is impossible to talk it out, plan for some physical activity at the end of the working day to relieve tensions. Let go of grudges –they do not affect the potential victim because he does not necessarily know about them. However, the grudge-bearer pays a price in energy and anxiety just thinking about revenge.
7. Set aside time each day for recreation and exercise
Gentle repetitive exercise such as walking, swimming, cycling are good to relieve stress. Meditation, yoga, pilates and dance are also excellent. The trick is to find what suits you best. Hobbies that focus attention are also good stress relievers. Take up a new activity unrelated to your current occupation, one that gives you a sense of achievement and satisfaction. Establish new friends in your newly found interest. There are handouts with a range of techniques for relaxation and mindfulness on the website that you can use. The daily mood chart can be used to rate the impact of applying new strategies.

8. Take your time: don't let people rush you
Frenzied activities lead to errors, regrets, stress. Request time to orient yourself to the situation. At work, if rushed, ask people to wait until you finish working or thinking something out. Plan ahead to arrive at appointments early, composed and having made allowances for unexpected hold-ups. Practice approaching situations ‘mindfully’.

9. Take your time on the road: Don't be an aggressive car driver.
Develop an "I will not be ruffled" attitude. Drive defensively and give way to bullies. Near misses cause stress and strain, so does the fear of being caught for speeding. If possible avoid peak hour traffic. If caught in it, relax by concentrating on deep (stomach) breathing or ‘mindful driving’ (using mindfulness technique, also available on website). Advanced driving lessons can be useful.

10. Help children and young people to cope with stress
Children need the experience of being confronted with problems to try out, and improve their ability to cope. By being overprotective or by intervening too soon, parents may prevent young people from developing valuable tolerance levels for problems, or from acquiring problem-solving skills.

11. Think positively – you get what you expect
Smile whenever possible – it’s an inexpensive way of improving your looks and how you feel. Try and find something positive to say about a situation, particularly if you are going to find fault. You can visualise situations you have handled well and hold those memories in your mind when going into stressful situations.

12. Cut down on drinking, smoking, sedatives and stimulants
They only offer temporary relief and don’t solve the problem. They can create more problems in terms of physical and mental health. Consider the effects you are looking for (sedation or stimulation) and how else you can achieve them.
References


“To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear” – Buddha

Rucksacks

It seems that we all carry our own rucksacks on life’s journey. In our rucksack we carry our life experiences and expectations, and these influence the way we are, what we do, and what we make of our life and how we go about it. Our rucksack – and what we carry in it - affects the way we think, feel and act: Towards ourselves, towards others, and towards life in general.

If we think about our problems as “rucksacks” we can take the problem/s outside of us, which makes it easier to change things in a positive way. Before we can make those helpful changes we need to understand more about our personal rucksack, and how it affects us.

Understanding our Rucksack

What’s in your rucksack that’s affecting your ability to cope with daily life?

- Past experiences – memories, thoughts, images, ruminating about the past
- Current concerns – life circumstances, worries.
- What’s keeping your problems going now?
- Future – anxiety about what might happen and your ability to cope
- Your core beliefs about yourself, others and the world as a result of past experiences, current circumstances and anxiety about the future.

The good thing is we are designed to work with difficult and challenging situations! The vital question is how to remain emotionally healthy. The following information discusses a variety of aspects of your lifestyle that can contribute to improving your energy level and ability to cope.

Diet

50
When we are anxious, depressed, or overwhelmed our diet usually suffers. When people are under stress they will either overeat or have a lack of appetite, this is more common. If you experience this, it is imperative to remember that although you may not feel hungry, your body requires food. The following are some tips on maintaining a sufficient appetite during challenging times:

- **Eat meals regularly.** Try to have three set mealtimes per day. Ensure that you have enough food at home for all three.
- **Eat by the clock, not by your stomach.** If you have lost your appetite, push yourself to eat at mealtimes anyway. If you have been overeating, try to eat only at mealtimes while sitting at the table.
- **Make it healthy.** Stock up on nutritious food and snacks using the Canada Food Guide.
- **Make it easy.** The effort of preparing a meal can be a barrier to getting enough nutrition. The important thing is to eat, not to cook. Buy foods that are easy to prepare, keeping an eye on their nutritional value.
- **Make extra.** Minimize your preparation time by making larger amounts than you need and freezing some dishes for reheating later.
- **Watch your sugar intake.** If depression has been an issue, avoid eating too much refined sugar or starches, as these may have an effect on your mood.
- **Avoid dieting.** If you wish to lose weight, avoid strict diets. These may change your metabolism so that you gain weight faster when you end the diet. It is better to have healthy eating habits, along with burning more calories through increasing physical activity. It is important to remember that our culture promotes unhealthy thinness. You need to determine whether you really are overweight before attempting to lose weight. Consult your physician for further information and advice.

**Canadas Food Guide- Recommended Number of Food Guide Servings per Day**

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Children</th>
<th>Teens</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3</td>
<td>4</td>
<td>5</td>
<td>7</td>
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<tr>
<td>4-8</td>
<td>6</td>
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<tr>
<td>9-13</td>
<td>8</td>
<td>7-8</td>
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<tr>
<td>14-18 years</td>
<td>7</td>
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<tr>
<td>19-50 years</td>
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<tr>
<td>51 + years</td>
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<th>Males</th>
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</thead>
<tbody>
<tr>
<td>Vegetables and Fruit</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>7-8</td>
<td>8-10</td>
</tr>
<tr>
<td>Grain Products</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>7</td>
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<td>Milk and Alternatives</td>
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<td>3-4</td>
<td>3-4</td>
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<td>2</td>
<td>2</td>
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<tr>
<td>Meat and Alternatives</td>
<td>1</td>
<td>1</td>
<td>1-2</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

**Physical Activity**

51
Regular physical activity has been related to improved mental and physical well-being. Research indicates that:

- On average, those who are physically fit are less vulnerable to stress and depression than those who are not physically active

- Individuals with anxiety disorders tend to be less physically fit than average

- A regular exercise program may be as powerful as treatment is for mild to moderate anxiety or depression as medication or psychotherapy.

- Aerobic exercise and non aerobic exercise seem to have equal effects on depression and anxiety

**How does exercise affect our mood?**

- Exhilaration (euphoria from the release of endorphins)
- Mood Improvement
- Energy
- Stress Reduction

In addition, exercise may have other positive side effects such as: increased health and longevity, and reduced susceptibility to injury.

**What to do?**
When choosing what physical activity to do it is important to remember what you enjoy! For example: Yoga, walking, running, biking, canoeing, weight training, tennis, swimming, aerobics, dancing, skating, golf, kayaking, rollerblading, skiing etc.
An adequate level of fitness can be achieved in as little as thirty minutes per day three times a week. What do you think about your own fitness level? Check the one that applies for you:

____Sufficient  ______Satisfactory  _______Needs Improvement

If you were to increase your physical activity, what would interest you the most? Which would be the most achievable?

____________________________________________________________________________

____________________________________________________________________________

**Sleep**
There are many reasons for not sleeping well which may include distress, physical discomfort or physical illness.

Sleep needs vary. A baby starts life needing 16 hours or so of sleep each day, and the time we need for sleep decreases as we get older, so that adults and particularly older adults may only need 4-6 hours a night. People’s needs vary, but most people feel they need 7-8 hours, while others feel they need 9-10 hours a night.

We might have difficulty falling to sleep, wake up frequently during the night, or wake early in the morning and not be able to get back to sleep. These all result in our feeling that we haven’t slept enough - we feel tired, tense and are likely to worry about not sleeping. This worry can then make it even harder for us to sleep well.

If you have trouble sleeping, there are some things you can do to help yourself get a good night’s rest. These include making changes in:

- Your environment
- Your behaviour
- Your thinking

**Change our Environment**
Are there any helpful changes you can make?

- Bedroom too light (or dark)
- Bedroom too hot or too cold
- Bedroom too noisy
- Bed too uncomfortable
- Partner keeping you awake? (snoring, restless etc)

**Change our Behaviour**

- Use your choice of relaxation technique before going to bed (whatever works for you) ie. Reading, listening to music etc.
- Don’t go without sleep for a long time – keep to a regular pattern of going to bed and getting up at the same time every day, whether you are tired or not
- Keep bed for sleep and sex. Don't use it for watching television, using your computer etc.
Get some regular exercise during the day. Try regular swimming or walking. Avoid exercise late in the evening.

Cut down on caffeine (tea, coffee, soft drinks) in the evening. Try a milky drink or water instead.

Don’t drink a lot of alcohol. It may help you fall asleep, but you will almost certainly wake up during the night.

Don’t eat or drink a lot late at night. Try to have your evening meal early rather than late.

If you’ve had a bad night, resist the temptation to sleep the next day – it will make it harder to get off to sleep the following night.

If something is troubling you and there is nothing you can do about it right away, try writing it down before going to bed and then tell yourself to deal with it tomorrow.

If you can’t sleep, don’t lie there worrying about it. Get up and do something you find relaxing like reading or listening to quiet music. After a while you should feel tired enough to go to bed again.

Keep a sleep diary for a week- when complete, you can look back and notice what helps you sleep better and what doesn't, so you can make positive changes and do more of what helps, and less of what doesn't. If nothing seemed to help, try something different.

Speak to your doctor about your medication and how that might be affecting your sleep.

Avoid clock watching when in bed - put your attention somewhere restful, use imagery, mindful breathing, or your relaxation technique.

Change our Thinking

- Worrying about not sleeping will keep you awake! Rather than put your focus of attention on the worrying thoughts, notice that they are just thoughts, then put your attention somewhere restful, use imagery, mindful breathing, or your relaxation technique.

- Tell yourself that worrying about it will not help, and that you probably are getting enough, just less than you think you need. Our needs change as we get older.

- If you're worrying about a particular problem, write it down, and tell yourself you can sort it in the morning.

How would you rate your sleep lately? Circle one:

1 2 3 4 5
If you have been struggling with sleeping, look back over the tips on changing our behaviour and thinking. Brainstorm what might work for you.

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________

Caffeine

Caffeine stimulates the stress response. If you have been experiencing difficulties with stress, anger, or anxiety, then drinking caffeine will only make the stress response more active. As well, caffeine may cause: headaches, chronic pain, and other physical problems.

Drugs and Alcohol

Individuals may use drugs or alcohol to relieve stress and temporarily make them feel better; however, in the long term it will only make things worse including:

- Issues being avoided rather than dealt with
- Impaired physical health
- Performance at work, home, and in social situations changes
- Physical and/or psychological dependence can develop
GREAT DREAM
Ten keys to happier living

Action for Happiness has developed the 10 Keys to Happier Living based on a review of the latest scientific research relating to happiness.

Everyone’s path to happiness is different, but the research suggests these Ten Keys consistently tend to have a positive impact on people’s overall happiness and well-being. The first five (GREAT) relate to how we interact with the outside world in our daily activities*. The second five (DREAM) come more from inside us and depend on our attitude to life.

- **GIVING**: Do things for others
- **RELATING**: Connect with people
- **EXERCISING**: Take care of your body
- **APPRECIATING**: Notice the world around
- **TRYING OUT**: Keep learning new things
- **DIRECTION**: Have goals to look forward to
- **RESILIENCE**: Find ways to bounce back
- **EMOTION**: Take a positive approach
- **ACCEPTANCE**: Be comfortable with who you are
- **MEANING**: Be part of something bigger
Ten keys to happier living

The Ten Keys are explained in more detail below. Each has a related question to help us think about how our activities and attitudes affect our well-being and the well-being of the others around us.

**GIVING**

**Do things for others**

Caring about others is fundamental to our happiness. Helping other people is not only good for them and a great thing to do, it also makes us happier and healthier too. Giving also creates stronger connections between people and helps to build a happier society for everyone. And it’s not all about money - we can also give our time, ideas and energy. So if you want to feel good, do good!

Q: What do you do to help others?

**RELATING**

**Connect with people**

Relationships are the most important overall contributor to happiness. People with strong and broad social relationships are happier, healthier and live longer. Close relationships with family and friends provide love, meaning, support and increase our feelings of self worth. Broader networks bring a sense of belonging. So taking action to strengthen our relationships and create new connections is essential for happiness.

Q: Who matters most to you?

**EXERCISING**

**Take care of your body**

Our body and our mind are connected. Being active makes us happier as well as being good for our physical health. It instantly improves our mood and can even lift us out of a depression. We don’t all need to run marathons - there are simple things we can all do to be more active each day. We can also boost our well-being by unplugging from technology, getting outside and making sure we get enough sleep!

Q: How do you stay active and healthy?

**APPRECIATING**

**Notice the world around**

Ever felt there must be more to life? Well good news, there is! And it’s right here in front of us. We just need to stop and take notice. Learning to be more mindful and aware can do wonders for our well-being in all areas of life - like our walk to work, the way we eat or our relationships. It helps us get in tune with our feelings and stops us dwelling on the past or worrying about the future - so we get more out of the day-to-day.

Q: When do you stop and take notice?

**TRYING OUT**

**Keep learning new things**

Learning affects our well-being in lots of positive ways. It exposes us to new ideas and helps us stay curious and engaged. It also gives us a sense of accomplishment and helps boost our self-confidence and resilience. There are many ways to learn new things - not just through formal qualifications. We can share a skill with friends, join a club, learn to sing, play a new sport and so much more.

Q: What new things have you tried recently?
**DIRECTION**

Have goals to look forward to

Feeling good about the future is important for our happiness. We all need goals to motivate us and these need to be challenging enough to excite us, but also achievable. If we try to attempt the impossible this brings unnecessary stress. Choosing ambitious but realistic goals gives our lives direction and brings a sense of accomplishment and satisfaction when we achieve them.

Q: What are your most important goals?

**RESILIENCE**

Find ways to bounce back

All of us have times of stress, loss, failure or trauma in our lives. But how we respond to these has a big impact on our well-being. We often cannot choose what happens to us, but we can choose our own attitude to what happens. In practice it’s not always easy, but one of the most exciting findings from recent research is that resilience, like many other life skills, can be learned.

Q: How do you bounce back in tough times?

**EMOTION**

Take a positive approach

Positive emotions – like joy, gratitude, contentment, inspiration, and pride – are not just great at the time. Recent research shows that regularly experiencing them creates an ‘upward spiral’, helping to build our resources. So although we need to be realistic about life’s ups and downs, it helps to focus on the good aspects of any situation – the glass half full rather than the glass half empty.

Q: What are you feeling good about?

**ACCEPTANCE**

Be comfortable with who you are

No-one’s perfect. But so often we compare our insides to other people’s outsides. Dwelling on our flaws - what we're not rather than what we've got - makes it much harder to be happy. Learning to accept ourselves, warts and all, and being kinder to ourselves when things go wrong, increases our enjoyment of life, our resilience and our well-being. It also helps us accept others as they are.

Q: What is the real you like?

**MEANING**

Be part of something bigger

People who have meaning and purpose in their lives are happier, feel more in control and get more out of what they do. They also experience less stress, anxiety and depression. But where do we find ‘meaning and purpose’? It might be our religious faith, being a parent or doing a job that makes a difference. The answers vary for each of us but they all involve being connected to something bigger than ourselves.

Q: What gives your life meaning?
References


Session Three - Emotion Management

“Emotion regulation is extremely significant for a whole constellation of problems people encounter” – Richard Davidson

We use Emotion Regulation skills in order to change our emotions or situations. But sometimes it's not appropriate or we're not able to change the situation or our emotions, then we should use Distress Tolerance skills.

Emotions are normal and everyone experiences them. Sometimes when we have had persistent distressing experiences during our lives, we can emotionally react more often to situations (that others may not find distressing) where we feel threatened. The distress can be very intense and it's difficult to manage ourselves and situations when things are feeling so over-whelming.

Learning Emotion Regulation skills will help us learn to effectively manage and change the way we feel and cope with situations.

Emotions, thoughts and what we do or feel an urge to do (behaviours) are all linked and become vicious cycles. Changing one part of the cycle will help improve the situation and help you feel better.

When we experience really strong negative emotions, it is easy to get caught up into the old pattern of using unhelpful and damaging coping strategies such as substance use, self-harm, or unhealthy eating habits.

Emotions are closely linked to our bodies, and each emotion has a particular behaviour linked to it. The word "emotion" can be described as E - MOTION (Elicit Motion). Emotion causes us to react and move in certain ways. Examples of emotions and their action urges:
If emotions cause our bodies to react in certain ways, then doing something different - doing the opposite ('Opposite Action') - can affect and help change our emotions.

**Opposite Emotion** – do something that will help you to feel the opposite of what you feel now. For example, if you feel depressed, watch a funny movie or tv program, or listen to some uplifting music.

The acronym **PLEASE Master** can remind us what we can do regularly in order to keep ourselves healthy and stable.

- **P** treat Physical illness
- **L** Eat healthily
- **E** Avoid mood-altering substances (alcohol or drugs)
- **A** Sleep well
- **S** Exercise
- **E** Master plan and do something every day that gives you a sense of achievement or ability

**Increase positive emotions**: Do more enjoyable activities than you would normally do, schedule them in each day.

Be mindful of positive experiences
- Focus your attention on positive events as they happen
- Notice when your mind wanders to unhelpful thoughts and bring your focus back to the current situation
Changing the way we think
Thoughts play an important role in our distressing emotions. It can be very effective to notice these thoughts, and learn to think differently, or to think about thoughts in a different way.

Questions to ask yourself when you feel distressed
STOP! Pause, take a breath, do not react automatically

Ask yourself:
- What am I reacting to?
- What is it that's really pushing my buttons here?
- What is it that I think is going to happen here?
- What's the worst (and best) that could happen? What's most likely to happen?
- Am I blowing things out of proportion?
- How important is this really? How important will it be in 6 months time?
- What harm has actually been done?
- Am I expecting something from this person or situation that is unrealistic?
- Am I overestimating the danger?
- Am I underestimating my ability to cope?
- Am I using that negative filter? Is there another way of looking at it?
- What advice would I give to someone else in this situation?
- Am I spending time ruminating about the past or worrying about the future? What could I do right now that would help me feel better?
- Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?
- Am I mind-reading what others might be thinking?
- Am I believing I can predict the future?
- Is there another way of looking at this?
- Am I putting more pressure on myself?
- Just because I feel bad, doesn’t mean things really are bad.
- Am I jumping to conclusions about what this person meant? Am I misreading between the lines? Is it possible that they didn't mean that?
- Am I exaggerating the good aspects of others, and putting myself down? Or am I exaggerating the negative and minimizing the positives? How would someone else see it? What’s the bigger picture?
- Things aren’t either totally black or white – there are shades of grey. Where is this on the spectrum?
- This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it’s not actually happening again right now.
- What do I want or need from this person or situation? What do they want or need from me? Is there a compromise?
- What would be the consequences of responding the way I usually do?
- Is there another way of dealing with this? What would be the most helpful and effective action to take? (for me, for the situation, for the other person)

If your distressing emotions are caused by an upsetting image or picture which keeps coming into your head, you can practice manipulating the image to reduce the distress:

**Image Manipulation**
Sometimes we can get distressing intrusive images that just pop into our heads and we have trouble getting rid of them. The image may be based on a real memory, or just some random terrible image. These images can trigger strong physical sensations and intense emotions of fear, dread, anger or sadness.

We can learn to manipulate the image so that we reduce the distressing feelings:

Imagine putting the image on a TV screen. Now with an imaginary remote control, make the image smaller, make it more distant, perhaps turn it into black and white, remove the sound or give it a different soundtrack.
Diffusion Techniques

Diffusion involves distancing, disconnecting or seeing thoughts and feelings for what they are (streams of words, passing sensations), not what they say they are (dangers or facts).

**STOP, STEP BACK, OBSERVE** - the thoughts and feelings, what’s happening to/for the other person

Notice what’s happening – your thoughts, physical sensations, emotions, images, memories. Notice the way you’re interpreting what they mean, and how that’s affecting you.

Notice the unhelpful thoughts. It can help to say them differently, in a non-threatening way saying them slowly, for example writing them down.

**Identify the emotion you’re feeling, and label the unhelpful thoughts**
- an evaluation
- a prediction
- a feeling or sensation
- a memory
- an unhelpful thinking habit: mind-reading (assuming we know what others are thinking), negative filter (only noticing the negative things), emotional reasoning (I feel bad so it must be bad), catastrophizing (imagining the worst)

**Use metaphors to try and see things differently.** Metaphors can help us understand thoughts in a different way. For example:

Passengers on the Bus
- You can be in the driving seat, while all passengers (thoughts) are noisily chattering, being critical or shouting out directions. You can allow them to shout, but you can keep your attention focused on the road ahead.
The River
- Items floating down the river – perhaps leaves or bits of mucky debris (thoughts, feelings, images) – instead of struggling to stay afloat, we can stand on the bank watching our thoughts, images and sensations go by.

The Beach Ball
- We can try to stop our thoughts, like trying to hold a beach ball under water, but it keeps popping up in front of our face (intrusive distressing thoughts). We can allow the ball (our thoughts) to float around us, not intruding, just letting it be.

Thought train
- We can think about sitting on the train, watching the scenery (thoughts, feelings, sensations) go by as we look out of the windows, or we can be standing on the station platform watching the thought train pass by – we don’t have to jump on it.

The Tunnel
- When we get anxious driving through a tunnel, the best option is to keep going to the other end, rather than stop or look for an exit in the tunnel. This feeling will pass - there is an end to this tunnel.

The Mountain
- Whatever the weather, or whatever happens on the surface of the mountain, and even within it – the mountain stands firm, mostly unaffected. Strong, grounded, permanent. We can be like that mountain, observing thoughts, feelings and sensations, and yet know inner stillness.
### Dealing with Negative Emotions

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Body</th>
<th>Thinking differently</th>
<th>Doing differently</th>
<th>Imagery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>Fatigue</td>
<td>It's okay to feel sad about this situation, but I can get through it. I'm looking through those 'gloomy specs' again. This doesn't mean I'm a worthless person. What would be a more helpful way of looking at things? If I do something anyway - I'll feel better.</td>
<td>Do things anyway - in spite of how I'm feeling. Get up. Get out. Do something enjoyable or useful. Be with or contact others. Focus attention outside of me and my situation.</td>
<td>In your mind's eye, see yourself doing and enjoying the things you used to or would like to enjoy doing, and successfully doing what you need to do. <strong>Visualise orange for positive energy. Breathe in orange, and breathe out blue/black.</strong></td>
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<tr>
<td></td>
<td>Slowed down</td>
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<td></td>
<td>Do less</td>
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<td></td>
<td>Stay in bed/home</td>
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<td></td>
<td>Disinterest</td>
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<td></td>
<td>Can't concentrate</td>
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<td></td>
<td><strong>Action urge:</strong></td>
<td><strong>Withdraw</strong></td>
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<td></td>
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<tr>
<td><strong>Anxiety</strong></td>
<td>Adrenaline response - Body’s alarm system. Energised for fight or flight</td>
<td>Is this threat a real one or is it really bound to happen? Am I exaggerating the threat? Am I misreading things? I feel bad, but that doesn't mean things really are so bad. I can cope with these feelings, I've got through it before. What would someone else say about this? What would be a more helpful way of looking at things?</td>
<td>How will doing this affect me in the long term? Don't avoid situations - go anyway, and stick it out. Problem solve or make plans if necessary. Take things slowly or gradually. Focus attention outside of me - external rather than internal focus.</td>
<td>Imagine yourself coping in a situation that you feel anxious about. See the situation through to a successful completion. <strong>Visualise blue for calm. Breathe in blue and breathe out red.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Action urge:</strong></td>
<td><strong>Escape &amp; avoid</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Anger</strong></td>
<td>Adrenaline response - Body’s alarm system. Energised for fight or flight</td>
<td>What am I reacting to? What's pressing my buttons? Am I over-reacting? Is my reaction in proportion to the actual event? How important is this? I feel like I'm being unfairly treated, but maybe they didn't mean it that way. Am I misreading things? What's the best thing to do here?</td>
<td>Take a breath. Do the best thing - best for me, for others and for the situation. Walk away or approach gently. When feeling calm, if still appropriate, do something about it in a calm, non-aggressive but assertive way.</td>
<td>Visualise yourself handling this situation in a calm, non-aggressive but assertive way, respecting the rights and opinions of everyone involved. <strong>Visualise blue for calm, or green for balance. Breathe in green/blue &amp; breathe out red.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Action urge:</strong></td>
<td><strong>Attack</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What emotion am I feeling?</td>
<td>What can I notice in my body?</td>
<td>Where do I feel it?</td>
<td>STOPP! Take a breath. <a href="mailto:www.getselfhelp.co.uk/stopp.htm">www.getselfhelp.co.uk/stopp.htm</a></td>
<td>Where do you feel this emotion in your body? If this feeling had a colour, what would it be? What shape is it? How big is it? What consistency is it? If you felt better: What colour would it be? What about the shape? The size? The consistency? Notice that feeling now.</td>
</tr>
</tbody>
</table>

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References


Session Four - Goal Setting

“Goals are dreams with deadlines” – Diana Scharf Hunt

Many people feel as if they're adrift in the world. They work hard, but they don't seem to get anywhere worthwhile.

A key reason that they feel this way is that they haven't spent enough time thinking about what they want from life, and haven't set themselves formal goals. After all, would you set out on a major journey with no real idea of your destination? Probably not!

Goal setting is a powerful process for thinking about your ideal future, and for motivating yourself to turn your vision of this future into reality.

The process of setting goals helps you choose where you want to go in life. By knowing precisely what you want to achieve, you know where you have to concentrate your efforts. You'll also quickly spot the distractions that can, so easily, lead you astray

Why Set Goals?

Goal setting is used by top-level athletes, successful business-people and achievers in all fields. Setting goals gives you long-term vision and short-term motivation. It focuses your acquisition of knowledge, and helps you to organize your time and your resources so that you can make the very most of your life.

By setting sharp, clearly defined goals, you can measure and take pride in the achievement of those goals, and you'll see forward progress in what might previously have seemed a long pointless grind. You will also raise your self-confidence, as you recognize your own ability and competence in achieving the goals that you've set.
Starting to Set Personal Goals (Long Term Goals)

You set your goals on a number of levels:

- First you create your "big picture" of what you want to do with your life (or over, say, the next 10 years), and identify the large-scale goals that you want to achieve.
- Then, you break these down into the smaller and smaller targets that you must hit to reach your lifetime goals.
- Finally, once you have your plan, you start working on it to achieve these goals.

This is why we start the process of goal setting by looking at your lifetime goals. Then, we work down to the things that you can do in, say, the next five years, then next year, next month, next week, and today, to start moving towards them.

Setting Smaller Goals (Short Term Goals)

Once you have set your lifetime goals, set a five-year plan of smaller goals that you need to complete if you are to reach your lifetime plan.

Then create a one-year plan, six-month plan, and a one-month plan of progressively smaller goals that you should reach to achieve your lifetime goals. Each of these should be based on the previous plan.

Then create a daily To-Do List of things that you should do today to work towards your lifetime goals.

At an early stage, your smaller goals might be to read books and gather information on the achievement of your higher level goals. This will help you to improve the quality and realism of your goal setting.

Finally review your plans, and make sure that they fit the way in which you want to live your life.

In order to reach Personal Goals you have to break them down into easily manageable steps

- Many of us are used to setting goals out of reach (I’ll lose 10 pounds this week). As a result we often feel tired, frustrated, and helpless. It is much better if we set goals that are accomplishable; therefore, our progress will be faster
What if I have low energy and motivation?

- If you are experiencing difficult times in your life, goal setting is even more important. Your energy and motivation may be lower than normal, thus leading to less productivity in getting things accomplished. If you expect as much of yourself as you usually do you will fail much more often. This will rob you of even more confidence and motivation, making it even harder to get things done the next day.
- How to handle this? Accept that your energy and motivation are limited right now. Set goals that are easier than normal.
- Perhaps the goal you set will seem ridiculously small (eg. clean your kitchen, call one friend) but if you are able to succeed at small goals, you will increase your self confidence and motivation. Gradually increase your goals.

Make Your Goals SMART

- **Specific-** Be as clear as possible. If life has been challenging your ability to problem solve may be weaker than normal. Do you know exactly what your going to do and exactly how to carry out the plan? Eg. If you are going to attend the Mandella group, do you know how you will get there? Do you know when it is?
- **Measureable-** How will you measure progress towards goal attainment? How many? How will I know when the goal is attained
- **Achievable-** When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.
- **Realistic-** To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress.
- **Timely-** Goals should be grounded within a time frame. With no time frame tied to it there’s no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? “Someday” won’t work. But if you anchor it within a timeframe, “by May 1st”, then you’ve set your unconscious mind into motion to begin working on the goal.
Exercise
Things I Would Like to Change

Family:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Friends:_______________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Work:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Home/Lifestyle:________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Pick ONE Issue
Look at your list and pick one issue that you would like to work on. It should be something that you care about but not something that would be too overwhelming

Issue:

I would like:___________________________________________________________________
________________________________________________________________________

Set Your Goals – Remember Smart. Be specific.

Short Term:___________________________________________________________________
________________________________________________________________________

Long Term:___________________________________________________________________
________________________________________________________________________
Goal Setting Tips

- **Feeling overwhelmed is useful** - this tells you that you are trying to do too much. When you set a goal or try to do something, notice whether you feel overwhelmed. If you do, you haven’t set a small enough goal. Make it smaller.

- **Make repetitions into separate goals** - you may be tempted to set a goal of going to the gym three times this week but what if you go twice? You’ll have failed. Instead set three goals: Go to the gym, go to the gym, go to the gym. If you go to the gym twice you will have succeeded two times instead of failing one goal.

- **Don’t wait until you feel like it** - it’s easy to say “I’ll clean my bedroom when I feel like it” Ultimately, you’re never going to feel like cleaning your room. Do it because you have planned to do it, rather than waiting for the impulse.

- **For vague goals, use time as your finish line** - if for example one of your goals is to clean out your closet, how long will that take? Possibly 30 minutes or 3 hours. This may be difficult because you do not know how difficult a goal it is. If your uncertain of the time length for the goal set a time goal instead: I will clean my closet for one hour.

- **State each goal as a positive statement** - Express your goals positively – Execute this technique well" is a much better goal than "Don't make this stupid mistake."

- **Be precise** - Set precise goals, putting in dates, times and amounts so that you can measure achievement. If you do this, you'll know exactly when you have achieved the goal, and can take complete satisfaction from having achieved it.

- **Set priorities** - When you have several goals, give each a priority. This helps you to avoid feeling overwhelmed by having too many goals, and helps to direct your attention to the most important ones.

- **Write goals down** - This crystallizes them and gives them more force.

- **Keep operational goals small** - Keep the low-level goals that you're working towards small and achievable. If a goal is too large, then it can seem that you are not making progress towards it. Keeping goals small and incremental gives more opportunities for reward.

- **Set performance goals, not outcome goals** - You should take care to set goals over which you have as much control as possible. It can be quite dispiriting to fail to achieve a personal goal for reasons beyond your control.
• In business, these reasons could be bad business environments or unexpected effects of government policy. In sport, they could include poor judging, bad weather, injury, or just plain bad luck.

• If you base your goals on personal performance, then you can keep control over the achievement of your goals, and draw satisfaction from them.

• **Set realistic goals** - It’s important to set goals that you can achieve. All sorts of people (for example, employers, parents, media, or society) can set unrealistic goals for you. They will often do this in ignorance of your own desires and ambitions.

• It’s also possible to set goals that are too difficult because you might not appreciate either the obstacles in the way, or understand quite how much skill you need to develop to achieve a particular level of performance.

**What if you don’t succeed?**

• It is okay! Your goals may still be too difficult. We are so used to setting out goals out of reach that attainment is unrealistic. If you are depressed and have lower energy levels right now than you might be surprised at how small your goals may be. Make your next goal easier. When in doubt, make your long term goal smaller. It is better if a goal is easier to achieve than expected, rather than having a goal that is unattainable.
References


# Session Five - Communication

“Communication works for those who work at it” – John Powell

## Communication Styles

<table>
<thead>
<tr>
<th></th>
<th>Passive</th>
<th>Assertive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td>Compliant, submissive, talks little, vague non-committal communication, puts self down, praises others</td>
<td>Actions and expressions fit with words spoken, firm but polite and clear messages, respectful of self and others</td>
<td>Sarcastic, harsh, always right, superior, know it all, interrupts, talks over others, critical, put-downs, patronising, disrespectful of others</td>
</tr>
<tr>
<td></td>
<td>“I don’t mind…that’s fine….yes alright”</td>
<td>“That’s a good idea, and how about if we did this too…” or “I can see that, but I’d really like…”</td>
<td>“This is what we’re doing, if you don’t like it, tough”</td>
</tr>
<tr>
<td><strong>Beliefs</strong></td>
<td>You’re okay, I’m not has no opinion other than that the other person/s are always more important, so it doesn’t matter what they think anyway</td>
<td>I’m okay, you’re okayBelieves or acts as if all the individuals involved are equal, each deserving of respect, and no more entitled than the other to have things done their way</td>
<td>I’m okay, you’re notBelieve they are entitled to have things done their way, the way they want it to be done, because they are right, and others (and their needs) are less important</td>
</tr>
<tr>
<td><strong>Eyes</strong></td>
<td>Avoids eye contact, looks down, teary, pleading</td>
<td>Warm, welcoming, friendly, comfortable eye contact</td>
<td>Narrow, emotion-less, staring, expressionless</td>
</tr>
<tr>
<td><strong>Posture</strong></td>
<td>Makes body smaller – stooped, leaning, hunched shoulders</td>
<td>Relaxed, open, welcoming</td>
<td>Makes body bigger – upright, head high, shoulders out, hands on hips, feet apart</td>
</tr>
<tr>
<td><strong>Hands</strong></td>
<td>Together, fidgety, clammy</td>
<td>Open, friendly and appropriate gestures</td>
<td>Pointing fingers, making fists, clenched, hands on hips</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
<td>Give in to others, don’t get what we want or need, self-critical thoughts, miserable</td>
<td>Good relationships with others, happy with outcome and to compromise</td>
<td>Make enemies, upset others and self, feel angry and resentful</td>
</tr>
</tbody>
</table>

75
Assertiveness

It is useful to notice what you are thinking, what body reactions you have, your emotions and the way you react behaviourally at times when you are upset. When communicating with other people, it helps to keep in mind not only what you are experiencing (thoughts, feelings, behaviours) but also what they might be experiencing, which might be similar, different, or completely opposite to your experience. Just because you believe they are thinking something about you that does not necessarily make it true – our minds are continually trying to make sense of our world, but our minds do not always get it right. Our thoughts and emotions can get in the way of effective communication, and we end up making things worse. This awareness of our own reactions, together with an understanding and awareness of how the other person might be reacting (their thoughts, feelings and responses) will give us important knowledge and help us to respond in a more helpful and effective way.

It is easy to get things wrong and misunderstand what the other person is saying. We react to what we think people mean, they react to what they think we mean.

We can learn to be more assertive and effective in communicating what we really want to say without upsetting the other person, and reduce misunderstandings on both sides.

The aim is to practice behaving and communicating more assertively, and to reduce acting and communicating in passive and aggressive ways, which usually result in distress.

It can help to think about a person who you respect and who you believe acts and communicates effectively and assertively, while respecting others and themselves. This can be a person who is known personally to you, or a famous person, or perhaps a fictional character. You can model yourself on that person – imagine them dealing with particular situations and how they would do it, what that would look like. Then imagine yourself acting in a similar way – and do it. Practice it often. Initially, it doesn’t matter if you don’t feel like being assertive, just practice it anyway. If you notice yourself acting aggressively or passively try changing your posture, expression, and/or behaviour to assertive.
Tips for Communicating with Family Members

Guidelines for non-verbal communication:

1. Stand close to your relative, but don't crowd his/her personal space.
2. Convey interest, concern and alertness through your body posture and facial expression.
3. Maintain eye contact with your relative.
4. Speak calmly and clearly.

Expressing positive feelings:

1. Look at the person.
2. Say exactly what the person did that pleased you.
3. Tell the person how their behavior made you feel. (Bad example "You are nice to have around the house," A better example is: "I like it when you do a good job cleaning the kitchen").

Making a positive request.

1. Look at the person.
2. Say exactly what you would like the person to do.
3. Tell how it would make you feel.
4. Use phrases such as "I would like you to...." or "I would really appreciate it if you would....."

Expressing negative feelings.

1. Look at the person. Say exactly what the person did that upset you.
2. Tell the person how it made you feel.
3. Suggest how the person might prevent this from happening in the future. (Bad example "You are a frightening person." A better example: "I get very nervous when you pace around the room.")

Active listening:

1. Look at the speaker.
2. Attend to what is said.
3. Nod head, say, "Okay".
4. Ask clarifying questions.
5. Check out what you heard.
Communication and Relationships

What is Important to you in a Relationship?

Rank from 1 to 12:

<table>
<thead>
<tr>
<th>Honesty</th>
<th>Sexual attraction</th>
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</thead>
<tbody>
<tr>
<td>Laughter</td>
<td>Affection shown</td>
</tr>
<tr>
<td>Commitment</td>
<td>Trust</td>
</tr>
<tr>
<td>Gentleness</td>
<td>Being able to be yourself</td>
</tr>
<tr>
<td>Fun times</td>
<td>Talking easily together</td>
</tr>
<tr>
<td>Sharing some of the same interests</td>
<td>Respect</td>
</tr>
</tbody>
</table>

Add a star (*) if this is part of your relationship.

Friendship Facts

**Care for and consider each other's feelings.**
**Openness and honesty with each other is a MUST.**
**Mean what you say and say what you mean.**
**Mutual respect, when you respect yourself, others do, too.**
**Understand each other's strengths and weaknesses; don't try to change someone.**
**Nurture (build) your friend/partner's self-esteem and think positively about yourself.**
**Individuality; know that each of you is special. Be yourself!**
**Clarify when you're not sure what's being said or what's intended - check it out!**
**Actively listen to each other, especially for feelings.**
**Trust yourself and your friend/partner. Enjoy each other's company.**
**Encourage and support each other in your future goals.**
Relationship Quiz

Write Yes or No in the blank space provided

_____ 1. Do you find that your friend/partner doesn't want you to see other friends or participate in activities that do not include him/her?

_____ 2. Does your friend/partner criticize the way you dress, talk, dance?

_____ 3. Are there times when your friend/partner's teasing hurts your feelings?

_____ 4. Does your friend/partner make fun of you in front of family or friends?

_____ 5. Do you mutually decide what you do during your time together?

_____ 6. Do you ever feel pressured to do something you do not approve of?

_____ 7. Has your friend/partner ever hit you?

_____ 8. Do you feel free to say "no" without having to explain your reasons?

_____ 9. Does your friend/partner help you feel good about yourself?

Results

- If you answered Yes to questions 5, 8 and 9 this may indicate a healthy relationship
- If you answered Yes to any of the other questions this could indicate an unhealthy relationship
Personal Bill of Rights

1- I have the right to ask for what I want

2- I have the right to say no to requests or demands I can’t meet

3- I have the right to express all of my feelings, positive or negative

4- I have the right to change my mind

5- I have the right to make mistakes and not have to be perfect

6- I have the right to follow my own values and standards

7- I have the right to say no to anything when I feel I am not ready; it is unsafe; or it violates my values

8- I have the right to determine my own priorities

9- I have the right to not be responsible for others' behaviour, actions, feelings, or problems

10- I have the right to expect honesty from others

11- I have the right to feel angry at someone I love

12- I have the right to be uniquely myself

13- I have the right to feel scared and say “I’m afraid”

14- I have the right to say “I don’t know”

15- I have the right not to give excuses or reasons for my decisions

16- I have the right to make decisions based on my feelings

17- I have the right to own my own needs for personal space and time

18- I have the right to be playful and frivolous

You have the responsibility to:
- to determine your own limits; to ask for help when you need it
- to respect the limits of others
- to communicate clearly and honestly
References


Session Six - Resources in the Community

“This reinforces the idea that social support helps to lessen the negative consequences of stress” – Elizabeth Gould

Social Support

- Social support is broad and can range from family members to coworkers, friends, neighbours, members of the same church etc.
- A supportive environment may have the maximum last impact on overall health
- Social isolation can lead to an increased susceptibility to physical ailments (eg. depression, complications during pregnancy, high blood pressure, and an increased risk for accidents) and a shortened lifespan
- Social support shields against the illnesses of stress, along with increasing overall wellbeing and health, no matter what circumstance an individual is under
- Social support provides stability and reassurance
- Social support and heart disease are interconnected, even the simplest social connection has a positive effect on the heart (the most well known theory suggests that social support affects areas of the brain that are involved in de-stressing the body)
- Social support is important in changing human behaviour
- Mutual support from group members offers comfort and allows individuals to feel a sense of security knowing that they are not alone in their battles
Lennox and Addington Addiction and Mental Health Agency
Telephone: 613-354-7521 70 Dundas St. East
24/7 Crisis Line: 613-354-7388 Napanee

Mandella Group- Every Thursday at 1:00pm
There are various groups held at the agency for clients. For inquiries phone the number listed above.

Strathcona Paper Centre - http://www.greatnapanee.com
Telephone: 613-354-4423 16 McPherson Drive Napanee

Public Skate – Home Hardware Rink
Saturdays - Public Skate 2:30 - 3:20pm
ADMISSION
Adult: $3.00 Child & Senior: $2.50
Excluding: Oct. 15, 22; Nov. 26; Dec. 24, 31 & Jan. 7

Sundays - Public Skate 12:00 – 12:50 pm
ADMISSION
Adult: $3.00 Child & Senior: $2.50
Excluding: Oct., 23; Nov. 20, 27; Dec. 11, 25; Jan. 1 & 8

Adult Skate - Home Hardware Rink
This is a leisure skating time for adults. It is not suitable for those who wish to figure or speed skate. These skates are NOT supervised.

Monday - Thursday 12:00 – 12:50pm $3.00/skate (Punch cards, $25.00 for 10 skates)
Starting: Sept. 6, 2011 Ends: Mar. 27, 2012
Excluding: Oct. 10; Dec. 21, 26 & 28

Senior Skate - Home Hardware Rink
It is a great way for adults to unwind and get some exercise. These skates are NOT supervised.

Mondays, Wednesdays & Fridays 10:45am – 11:50pm $2.50 per skate (Punch cards Available $20 for 10 skates)
Excluding Oct. 10, 14, 21; Nov. 11, 25; Dec. 21, 26 & 28
The Greater Napanee Indoor Pool is 25 metres long by 10 metres wide. The water temperature is maintained at 83°F. It is perfect for lengths, lessons, birthday parties, fitness & fun! The pool is supervised by qualified lifeguards for all swims.

**Pool Schedule**

**SWIMMING OPPORTUNITIES**

**AT THE GREATER NAPANEES INDOOR POOL**

**MONDAY**
- 7:30am – 9:00am Open Swim
- 9:00am – 10:00am Aquafit
- 10:00am – 11:00am Parent & Me Swim
- 11:00am – 12:00pm Open Swim
- 1:30pm – 5:30pm Swim Team
- 5:30pm – 7:30pm Public Swim
- 6:30 – 7:30pm Lane Swim
- 7:30pm – 8:30pm Masters Swim

**TUESDAY**
- 7:30am – 9:00am Open Swim
- 9:00am – 10:00am Aquafit
- 10:00am – 11:00am Parent & Me Swim
- 11:00am – 12:00pm Open Swim
- 1:30pm – 5:30pm Swim Team
- 5:30pm – 7:30pm Public Swim *FREE*
- 7:30pm – 8:30pm Masters Swim

**THURSDAY**
- 9:30am – 11:00am Open Swim
- 11:00am – 12:00pm Parent & Me Aquafit
- 12:00pm – 1:00pm Open Swim
- 5:30pm – 7:30pm Swim Lessons
- 7:30pm – 8:30pm Aquafit

**FRIDAY**
- 7:30am – 9:00am Open Swim
- 9:00am – 10:00am Aquafit
- 10:00am – 11:00am Parent & Me Swim
- 11:00am – 12:00pm Open Swim
- 1:30pm – 5:30pm Swim Team
- 5:30pm – 6:30pm Public Swim
- 6:30 – 7:30pm Lane Swim
- 7:30pm – 8:30pm Masters Swim

**SATURDAY**
- 9:00am – 10:00am Lane Swim
- 10:00am – 12:00am Swim Lessons
- 12:00pm – 1:00pm Family Aquafit
- 1:00pm – 2:00pm Public Swim
- 2:00pm – ON Available Rentals

**ADMISSION**
- Adults $3.00
- Seniors $2.50
- Children $2.50 Under 3 FREE
- Aquafit $8.00

**YEARLY MEMBERSHIP**
- Individual $250.00
- Student $200.00
- Family $500.00
- Aquafit $425.00
- Aquafit & Pool $500.00

**NOTE:**
- Yearly memberships will be prorated until the closure date of the pool
- No punch cards will be reimbursed upon closure of pool

Swims are all lifeguarded. Listen and adhere to the staff on duty as well as the swim rules and admission standards. For more information visit our website www.greatnapanee.com

Visit [www.greatnapanee.com](http://www.greatnapanee.com) for more information on recreation programs, parks, and volunteering.
<table>
<thead>
<tr>
<th>Community Clubs &amp; Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recreational Groups</strong></td>
</tr>
<tr>
<td>Parks &amp; Recreation Department</td>
</tr>
<tr>
<td>Indoor Golf Lessons</td>
</tr>
<tr>
<td>Napanee District Horse Club</td>
</tr>
<tr>
<td>Napanee District Rod and Gun Club</td>
</tr>
<tr>
<td>Scouts Canada</td>
</tr>
<tr>
<td><strong>Sporting Groups</strong></td>
</tr>
<tr>
<td>Ball - Greater Napanee Minor Ball</td>
</tr>
<tr>
<td>Ball - Men's Slow Pitch</td>
</tr>
<tr>
<td>Ball - Ladies Slow Pitch</td>
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<tr>
<td>Ball - Mixed 3 Pitch</td>
</tr>
<tr>
<td>Ball - Napanee Church League</td>
</tr>
<tr>
<td>Ball - Napanee Softball</td>
</tr>
<tr>
<td>Gymnastics - Napanee Gymnastic Club</td>
</tr>
<tr>
<td>Hockey - Crunch Female Hockey Assoc.</td>
</tr>
<tr>
<td>Hockey - NDMHA</td>
</tr>
<tr>
<td>Karate - Napanee Karate Club</td>
</tr>
<tr>
<td>Skating - Instruction for Adults</td>
</tr>
<tr>
<td>Skating - Napanee District Skating Club</td>
</tr>
<tr>
<td>Skating - Preschool Skate Program</td>
</tr>
<tr>
<td>Soccer - Napanee Soccer Club</td>
</tr>
<tr>
<td>Volleyball - Ladies League</td>
</tr>
<tr>
<td><strong>Service Groups</strong></td>
</tr>
<tr>
<td>Kinette Club of Napanee</td>
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<tr>
<td>Kinsmen Club of Napanee</td>
</tr>
<tr>
<td>Lioness Club of Napanee</td>
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<tr>
<td>Lions Club of Napanee</td>
</tr>
<tr>
<td>Napanee &amp; District Chamber of Commerce</td>
</tr>
<tr>
<td>Napanee District Community Foundation</td>
</tr>
<tr>
<td>Rotary Club of Napanee</td>
</tr>
<tr>
<td>Royal Canadian Legion</td>
</tr>
<tr>
<td>Seniors Outreach Centre</td>
</tr>
<tr>
<td><strong>Community Groups</strong></td>
</tr>
<tr>
<td>L&amp;A County Museum</td>
</tr>
<tr>
<td>L&amp;A County Hospital Foundation</td>
</tr>
<tr>
<td>L&amp;A District Women's Institute</td>
</tr>
<tr>
<td>L&amp;A Family and Children's Services</td>
</tr>
<tr>
<td>L&amp;A Horticultural Society</td>
</tr>
<tr>
<td>Loyalist Cultural Centre</td>
</tr>
<tr>
<td>MacPherson House</td>
</tr>
<tr>
<td>Napanee Valley Cruisers</td>
</tr>
<tr>
<td>South Fred Heritage Committee</td>
</tr>
<tr>
<td>The Terry Fox Run</td>
</tr>
</tbody>
</table>
Lennox and Addington Seniors Outreach Services
Telephone: 613-354-6668 310 Bridge St. West, Suite DO1 Napanee
The Lennox and Addington Seniors Outreach services provides activities and support for those aged 55 and older.
Activities offered: Fitness Classes, Yoga, Education, Wii Bowling, Computer Training, Art Classes, Card Groups, Bridge training, Cooking Classes, dinner dates, multiple health services, and more. For more information call the number listed or visit www.lasos.ca.

Peer 17 Support Centre
Telephone: 613-354-1690 58 Dundas St. East
10am – 3:00 pm Monday to Friday Napanee
The Napanee Support Centre is a weekday drop in for support and activities. It is made to be a safe place for people living with a mental illness to go and get support from each other. You can go as often as you want, and decide which of the activities you would like to do. They offer: Peer support, lunch daily for the cost of $1.00, writing and art groups, bowling, walking groups, and is pet friendly.

Napanee Library
Telephone: 613-354-2525 25 River Rd, Napanee
Hours of Service
Monday, Tuesday, Wednesday, and Thursday 10:00 am - 8:00 pm and Friday and Saturday 10:00 am - 5:00 pm
Adult Book Club: Two book clubs meet at the Napanee Branch Library.
1st Wednesday of the Month
Meet at the Napanee Branch at 10:30 a.m. on the 1st Wednesday of the month to discuss selected books.
Registration is required for this program. Please call the library for the next book selection and to register.
3rd Wednesday of the Month
Meet at the Napanee Branch at 10:30 a.m. on the 1st Wednesday of the
month to discuss selected books. Registration is required for this program. Please call the library for the next book selection and to register.

- **Napanee Community Health Centre**
  Telephone: 613-354-8937
  6 Dundas St. East
  Napanee

Napanee and Area Community Health Centre offers primary health care, individual support, programs/groups and services to the residents of Greater Napanee and our surrounding area

- **Churches**

- **Volunteering** at places such as: Seniors Outreach Services and The Lennox and Addington Humane Society
References

