Developing Manuals to Enhance Sleep Hygiene, Coping, and the Motivation to Change in Former Offenders

by

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The procedures in these manuals 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 loving wife, Tanya.
Your love and support mean the world to me.
Thank you for everything.
Abstract

Appropriate sleep hygiene practices (SHPs) and appropriate stress coping behaviours (SCBs) are lacking in many adults in today’s society. Sleep hygiene is an essential component in reducing sleep deprivation and helping to achieve better quality of sleep. Another critical component is the reduction of stress. This is because stress can contribute to sleep disturbances which can lead poor sleep quality and quantity. Finally, without the motivation to change bad habits there can be no improvement. An intervention to enhance the above areas in a former offender population should assist them to achieve greater success during the reintegration process. At the time of this thesis, community correction staff at the participating agency, had no interventions to address the above areas with clients. Therefore, this thesis sought to develop a comprehensive treatment package to address the challenges that a reintegrating offender faces while out in the community. It was assumed that an effective means to achieve this goal was to create needs identification and skill building manuals. The final products of the thesis include a Facilitator and a Participant manual.

This thesis focused on the creation of the manuals, and not their implementation. This is a significant limitation, as there was no opportunity to gather evaluation data on the manuals’ efficacy. However, the development of the manuals was guided by the empirical literature, and changes were made to the manuals’ content based on the feedback received from two community correctional staff members and a former offender. Furthermore, additional strengths, limitations, and multilevel challenges to the manuals’ implementation, as well as recommendations for future research are discussed.
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Chapter I: Introduction

Sleep deprivation is detrimental to both physical and mental health (Kor & Mullan, 2011). Kor & Mullan explain that sleep hygiene is an essential component in reducing sleep deprivation and helping to achieve better quality of sleep. Implicit in the concept of sleep hygiene are two main assumptions identified by Ellis, Hampson, & Cropley (2002): firstly, that positive sleep hygiene relates to good sleep (quantitatively and qualitatively); and secondly, that poor sleep hygiene leads to sleep disturbance. The authors note that it is common for individuals to exacerbate sleep disturbances by engaging in poor sleep hygiene practices (SHPs), yet these are rarely corrected.

Currently the most common method to treat poor SHPs, in reintegrating offenders is to encourage routines and impose curfews to ensure that they are, at minimum, in their rooms by a certain time. This practice is flawed in that it promotes poor SHPs such as: watching television while in bed, reading in bed, and passing the time with activities, e.g., smoking. In most transitional homes and half-way houses, as long as reintegrating offenders do not leave the property, it is acceptable for them to smoke outdoors past their curfews (J. Langan, personal communication, September 13, 2013). This practice negates the idea of imposing a routine of habitual sleep and remaining inside after curfew.

As the literature states, by combining stress coping behaviors (SCBs) and appropriate SHPs, one can reduce stress and increase sleep quality (Abe et al. 2011). Furthermore, the quality of sleep is directly related to appropriate SHPs (Kor & Mullan, 2011), such that, once quality of sleep has been improved, motivation improves as well.

Although motivation to make changes is difficult for the average person (Prochaska & DiClemente, 1982), this is even more so for reintegrating offenders. Most reintegrating offenders have very little motivation to change, as they have become accustomed to coping the same way that they have in past situations (J. Glasspoole, personal communication, September 27, 2013). If a reintegrating offender had poor SHPs going into the penal system, those practices will worsen by the time they exit the penal system (J. Langan, personal communication, September 17, 2013). While progressing through the stages of change, it is important to note that changing is a stressful transition period. However, by applying the appropriate coping tools and strategies, it is hypothesized that stress will be reduced and reintegrating offenders will be more likely to succeed in making the desired changes.

At the time of this thesis, there was no comprehensive manual on how to treat poor SHPs and teach SCBs within the agency that was the focus of this thesis. Initially, agency staff lacked the necessary training to identify and correct poor SHPs and SCBs. Therefore, the objective of this thesis was to equip staff with a manual to identify and correct SHPs and SCBs in reintegrating offenders.

It was hypothesized that by providing a manual, case managers would be able to target poor SHPs and SCBs, which, in turn, will aid them in their task of rehabilitation. Furthermore, the literature suggests that once quality of sleep has been improved, motivation to change also improves. Therefore, it was hypothesized that, by increasing the motivation to make small changes (e.g., adjusting sleep times), other more significant changes could become possible with less effort (e.g., entering a smoking cessation program). Finally, it was hypothesized that by increasing appropriate SCBs, reintegrating offenders’ chances of successful rehabilitation would also increase.
Based on these hypotheses, the development of manuals was proposed for facilitators and participants to: a) increase appropriate sleep hygiene behaviours and awareness through psychoeducation, b) increase motivation to change from inappropriate sleep hygiene behaviours to appropriate sleep hygiene behaviours, and c) reduce stress by teaching appropriate SCBs. Unfortunately, due to time constraints, the manual could not be piloted with clients or formally evaluated. However, informal feedback was be obtained by staff at the John Howard Society of Kingston and District during the manual’s development.

This thesis initially provides a thorough review of the research literature in several areas, including: sleep hygiene practices, stress management, appropriate coping behaviours, trauma-informed care and grounding techniques, and the importance of self-management and motivation to change. The literature review section is followed by a section that provides a description of the intended participants and facilitators, the method used for the development of the manual, and the design and procedures for the manual. Next, the manuals are discussed in the results section, which refers to appendices containing the participants’ and facilitators’ manuals. Finally, in the discussion section, the thesis is summarized, and its contribution to the field, limitations, as well as recommendations for future research are discussed.
Chapter II: Literature Review

Caffeine, Alcohol, and Tobacco and their Impact on Sleep Hygiene

Sleep hygiene refers to the combination of conditions, routines, and practices that aid in the promotion of effective and healthy sleep (Billows et al. 2009). Billows et al. outlined that good SHPs include maintaining regular bedtimes and wake-up times, limiting noise and light levels, maintaining comfortable room and body temperature, avoiding caffeine, alcohol, and nicotine intake prior to bed, and maintaining a healthy diet and exercise regime. They offered a clear and measurable definition for sleep hygiene, which also delineates appropriate behaviours regarding sleep. Even though the authors studied families and adolescents, it is contended that their definition of good sleep hygiene is still applicable to other populations.

As described in Billows et al., limiting, or preferably avoiding altogether, the intake of caffeine, alcohol and nicotine prior to bedtime is highly important. A study conducted by Mastin, Bryson, & Corwyn (2006) further supports the avoidance of caffeine and nicotine before sleep. Mastin et al. described how the intake of caffeine, alcohol and nicotine prior to bedtime are detrimental to sleep in many different ways. Caffeine is a stimulant that interferes with sleep; nicotine has a similar effect to caffeine, but also creates a disturbance in sleep schedules in that it breaks the routine of sleep by facilitating cravings; and alcohol exacerbates sleep disturbances (Mastin et al. 2006). A study by Brown, Buboltz, & Soper (2002) noted that many individuals had poor education concerning the use of the intake of caffeine, alcohol and nicotine prior to bedtime. Thus, one of the main components in both the facilitator and the participants’ manual of the thesis is a psychoeducational section on the use, misuse, and abuse of caffeine, alcohol, and tobacco.

Mastin et al. developed a measure to assess the uses of caffeine, alcohol and nicotine prior to bedtime. The Sleep Hygiene Index is a 13-item self-report measure that assesses the practice of behaviors thought to comprise sleep hygiene (Mastin et al. 2006). The findings of the study led to the conclusion that sleep hygiene is strongly related to sleep quality, and that it is clinically important to understand that correcting SHPs may not be addressed by psychoeducation alone and some form of cognitive behavioural therapy (CBT) is also required.

In a related study, Brick, Seely, & Palermo (2010) assessed the effects of caffeine, alcohol and tobacco on sleep among students. They found that while usage of these items was low in certain cases; their use caused significant sleep impairment, most notably the use of caffeine and tobacco. The use of caffeine in this study was expanded to include not only coffee and tea, but soda and energy drinks as well. These findings have a direct bearing on other groups who use caffeine, alcohol, and tobacco before bedtime, as the effects of these substances are not limited to the student population.

Implicit in the concept of sleep hygiene are two related assumptions, identified by Ellis et al. (2002) that positive sleep hygiene relates to good sleep (quantitatively and qualitatively) and second, that poor sleep hygiene leads to sleep disturbance. The authors noted that it is common for individuals to exacerbate sleep disturbances by engaging in poor SHPs, yet this is rarely corrected. While this particular article focuses on older adults and on those individuals who suffer from insomnia, it does offer in-depth explanations as to what are poor SHPs. This article further expands from nighttime related SHPs to daytime compensatory factors that further exacerbate poor SHPs. As summarized comprehensively by Ellis et al.:
“Poor sleep hygiene may moderate the cyclical relationship between daytime fatigue and nighttime arousal (cognitive and physiological) in those with an existing sleep problem. Under this framework, using caffeine, daytime napping and restricting and rescheduling activities such as exercise, eating and time spent in bed can be seen as daytime compensatory factors used to combat daytime fatigue; whereas, watching the clock, spending excess time in bed, reading, watching TV or working in bed can be seen as strategies for monitoring the delay in sleep onset at night” (pp. 158).

It was further noted by Brown et al. (2002) that even those with relatively good sleep practices will continue to maintain some poor SHPs, such as using caffeine or smoking cigarettes prior to bedtime. There are many factors to consider when attempting to correct poor SHPs, as simply enacting a procedure of steps to follow before going to sleep each night is insufficient. It was suggested by Brown et al. that one should expand the scope of any interventions to ensure that daytime compensatory factors are also considered. The current thesis was designed to incorporate these factors.

Finally, according to Selby (2013) those experiencing sleep problems may have increased problems with emotion dysregulation, social relationships, and remembering things, potentially impacting techniques and skills learned in therapy. Furthermore, a significant reduction in self-care was also found to exist, likely worsening problems with emotional, social, and cognitive regulation.

Overall, the current research shows that many individuals from varying populations have inappropriate SHPs and utilize methods that hinder their sleep quality and quantity, and psychoeducational program to aid those suffering from poor SHPs is required to promote better SHPs. The above studies are in agreement that the use of caffeine, alcohol and tobacco should be avoided prior to bedtime, as they have a negative impact on good SHPs and seem to exacerbate sleep disturbances.

The Role of Sleep Logs in Assessing Sleep

Sleep Logs are considered to be a useful tool in assessing sleep quantity and quality (McCurry, Gibbons, Logsdon, Vitiello, & Teri, 2003; Vitiello, 2009). Daily sleep logs have been used to calculate the number of days that followed an expected sleep schedule, daytime napping, and sleep and wake times (McCurry et al. 2003; Vitiello, 2009). Although these studies’ population groups were patients with dementia and Alzheimer’s disease, it is contended that the use of a sleep log is a widely applicable tool for use on all population groups that suffer from poor sleep quality and/or quantity. However, as sleep logs rely on self-report, they are open to potential threats to their validity.

In her book, Davidson (2013) presented a sleep diary in the form of a weekly log sheet, to help calculate sleep efficacy, quality and quantity, and aid in the understanding of the contributing factors that hinder sleep. Davidson outlines specifically that by determining which factors contribute to poor sleep quality; it is possible to then correct these factors with a modified version of CBT. It should be noted that although Davidson’s book is aimed at assisting those with insomnia-related sleep problems, the use of her sleep diary is an acceptable step in also assisting those with non-insomnia-related sleep concerns.

As the population group of reintegrating offenders is likely to include those who have insomnia-related, as well as non-insomnia-related sleep concerns, Davidson’s sleep diary was chosen as an appropriate tool for the population under consideration.
The Importance of Stress Management

Stress management is a key skill to develop (Mate, 2003), especially considering the considerable stress that going through life changes can cause. Abe et al. (2011) propose that using SCBs effectively and appropriately reduces the likelihood of falling into a pattern of using maladaptive SHPs. They define coping behaviours as behavioural and cognitive attempts to alleviate internal and external stressors. The two types of coping strategies are: problem-focused and emotion focused. Problem-focused strategies deal with concern (external) while emotion-focused deals with thoughts and feelings (internal). The most challenging moments are when a client tends to internalize stress from an external source, affecting emotions that cause internal problems.

Stress management can take on a different appearance for each individual. Some individuals manage their stress through relaxation at the end of the day, typically with watching television or reading (Abe et al. 2011). Using these strategies to unwind at the end of a stressful day is considered to be acceptable methods of relieving stress. However, these stress coping methods can become detrimental when they begin to interfere with good SHPs (Abe et al. 2011). Watching television or reading in bed can cause an individual to associate wakefulness and not sleeping with being in bed, furthering sleep concerns (Abe et al. 2011).

Managing stress for the average individual can be a difficult task, but for reintegrating offenders this can be especially challenging. Stress can build up to the point of causing a physical symptomatology (Mate, 2003). Relaxation techniques have been demonstrated to reduce stress and help individuals cope with sudden stress and prolonged stress (Wright, Basco, & Thase, 2006). Relaxation techniques can be performed in short or long sessions, depending on the time available to the participant.

In summation, managing daily life stress effectively and appropriately will be of great importance to reintegrating offenders, who have much higher levels of stress than the average individual. These techniques were included in the manual developed for this thesis, as a means to address stress-related sleep concerns, by putting the participant at ease and inducing a relaxed state.

Appropriate Stress Coping Behaviours (SCBs)

According to Abe et al., the most used SCBs are as follows: making an effort to solve problems actively, making plans to take time off, eating something, watching television, engaging in some sort of leisure activity, smoking, and bearing the stress without taking any action. Most individuals will utilize some form or another of these SCBs. Not all of the methods on the list are appropriate coping strategies (Abe et al. 2011). This thesis was designed to eliminate the following SCBs as they are deemed to be detrimental to good SHPs: making plans to take time off, eating something and smoking prior to bedtime, and bearing stress without taking any action. When utilized correctly the remaining strategies can be highly effective in coping with stress. The primary SCB is problem solving; this particular SCB is useful, in that it not only is wide-ranging but is applicable to virtually every stressful situation. A secondary focus was on television and leisure activities. Abe et al. noted that these SCBs are often inappropriately used, heavily relied upon, and contribute to sleep concerns.
As an additional strategy to improve SCBs and SHPs, a smoking cessation program was also recommended (Abe et al. 2011; Brick et al. 2010; Davidson, 2013; & Ellis et al. 2002).

**Trauma-Informed Care and Grounding Techniques**

This section of the literature review is only applicable to the facilitator’s manual, as it explains the techniques of trauma-informed care and grounding techniques. Compassion fatigue, or burn-out, is commonplace in the humanities. Having training on how to appropriately deal with job-related stress is important, as it can alleviate the negative impacts of compassion fatigue. Trauma-informed care is a term that encompasses three major areas: appropriate debriefing, vicarious trauma and self-care (Mathieu, 2012).

In her book, Mathieu (2012) describes appropriate debriefing as a process in which one facilitator discusses a client experience with another facilitator. She describes appropriate ways to do this, such as asking co-workers if they are able to debrief rather than assuming they are able to. She goes on to describe that facilitators who experience first-hand the stories of abuse and violence find that they become ineffective counsellors and become more and more damaged by being repeatedly exposed to traumatic material.

Vicarious trauma, according to Mathieu, is defined as one person experiencing the traumatic events of another through hearing the re-telling of the event. In essence it is a shared experience, a transfer of emotion, where the thoughts and feelings of one person (the participant) adversely affect the other person (the facilitator). Mathieu explains that the three groups most likely to suffer high amounts of vicarious trauma are frontline staff, reception staff and court reporters/stenographers. These particular groups are either the first person to work with the client or they are the ones to record the traumatic events; performing this job on a daily basis could cause one to suffer continual vicarious trauma, which leads to burn-out.

Mathieu noted that burn-out is common in any helping profession. To reduce the likelihood of burn-out, one must practice self-care. Self-care practices start with being self-aware; knowing that taking time to care for your own needs is just as important as caring for your clients’ needs. Mathieu stated that by being self-aware and truly taking time for yourself, can make all the difference when implementing a self-care program.

While the theory may be sound, there is a lack of empirical evidence to substantiate the claim about the importance of trauma-informed care. More research is needed to conclude whether trauma-informed care can be helpful in minimizing vicarious trauma.

Grounding techniques are used to “tether” clients to the present during a session (Reichert, 1994). Reichert describes grounding as any technique (e.g. focusing on the date, one's age, a body part, on one’s breathing, or by holding onto a physical object such as a stone or totem) that keeps the client in touch with their immediate reality and assists in returning the session to the more moderate range of the therapeutic window. Grounding is taught early in the process in order to give the client a sense of control over feared affects and later for memory retrieval (Reichert, 1994).

The section on trauma-informed care was included in the facilitator’s manual of the thesis to reduce the probability of staff experiencing vicarious trauma without supports in place to help deal with the adverse side effects. The grounding section was included to aid the participants in remaining in the present and to minimalize the trauma they are experiencing during participation of their programs.
The Importance of Self-Management and the Motivation to Change

Facilitating change can be difficult, especially when people are not ready to change. Prochaska & DiClemente (1982) developed the Transtheoretical Model of Change which outlines the various stages of change that a client may be in at any given time. According to these authors, the five stages of change are: pre-contemplation, contemplation, preparation, action, and maintenance. They note that those who are experiencing the most resistance to change are typically in the pre-contemplation stage. The accepted best practices when working with these individuals is to use the techniques of motivational interviewing in general, and rolling with resistance, in particular (Harrison & Carver, 2004). Wright et al. (2006) also support the use of both approaches to help ease clients out of the pre-contemplative stage and help to make them more amenable to change.

While research indicates that structured group interventions that are problem-focused for reintegrating offenders are the road to managing and reducing criminogenic needs and/or mental health symptoms, it has been suggested that this approach fails to consider the functional value of enhancing and developing skills within the individual, particularly self-management skills and motivation to benefit for these types of interventions (Ferguson, Conway, Endersby & MacLeod, 2009).

Motivation is widely recognized as important, in that offenders are usually selected for treatment partly on the basis of being motivated to participate (McMurran & Ward, 2004). A primary treatment goal is to ensure that the motivation to change is nurtured and enhanced. This is usually accomplished through the use of CBT and motivational interviewing (MI) both of which have consistently shown efficacy in nurturing offenders’ motivation to change (McMurran 2009; Merlo et al. 2010; Westra, 2004). Therefore, these interventions were included in the manuals to encourage offenders toward higher standards of self-management and to continually strengthen their resolve to change.

Using MI on its own may not be sufficient. McMurran (2009) found that insufficient motivation for treatment undermines successful behavioural change. Other researchers have found that there is merit to having MI as part of a treatment plan, especially when delivered with CBT (Merlo et al. 2010). A further study by Westra & Dozois (2006) found that pre-treatment MI leads to greater commitment to CBT, and to more successful outcomes in treatment. Finally, as noted by Westra (2004), MI also leads to greater development of the therapeutic alliance, which is an “anchor point” in keeping motivation high during treatment.

Overall, these findings support the use of both MI and CBT to developing motivation during treatment. These strategies were therefore incorporated in the thesis manual. It should be noted that the stages of change model and the use of MI have been found to be unsuccessful when employed on their own. These components are best used in conjunction with strong evidence-based practice, such as CBT. The use of CBT combined with other components is what truly makes the therapy more successful.

Summary

The research literature on sleep hygienestrongly recommends the complete avoidance of caffeine alcohol, and tobacco (Brick et al. 2010 and Mastin et al. 2006). As caffeine and nicotine (e.g., cigarettes) are stimulants, it is contended that it is appropriate to limit the intake of these prior to bedtime.
Considerable research supports the use of sleep logs in identifying sleep concerns and helping to correct sleep concerns (Davidson, 2013).

Stress management and appropriate SCBs are needed to help alleviate the added stress of making the changes to routines that have been partially contributed to sleep concerns (Abe et al. 2011). The SCBs proposed in Abe et al. will be the building blocks for helping alleviate stress and build confidence in facing a stressful situation equipped with the appropriate tools.

Building on stress management, the use of self-management and motivational techniques, such as those put forth by Ferguson et al. (2009), McMurran (2009), Merlo et al. (2010), Prochaska & DiClemente (1982), and Westra & Dozois (2006) will help to create a positive outlook and attitude that clients will foster and utilize to their benefit.

Trauma-informed care may be an important issue to consider in any helping profession, though there is little empirical support available for this construct at present. Having a facilitator experience burn-out or compassion fatigue may negatively affect participants’ progression through therapy. Diverse fields (e.g., nursing, teaching, parenting and most of the humanities) have explored how to reduce compassion fatigue and burn-out for many years. The rationale for considering trauma-informed care is that decreasing stress and pressure on the facilitator can enhance the therapeutic alliance between client and facilitator.

Grounding techniques are required when dealing with high-stress situations to help participants through the situation with less adverse effects. While there is little research on grounding techniques used with reintegrating offenders, it is contended its use with these clients is valid. This is because this group may have a higher likelihood of having had traumatic events that may cause them to reduce their participation in therapy.

At the time of this thesis, the John Howard Society of Kingston & District had no formal method for addressing the needs of reintegrating offenders during their time at the transitional house in any of the above noted areas. Although there are many community resources that may help with certain portions of the noted areas, there was no programming that addressed all of the needs together in a single treatment package. Therefore, the current manual was designed to respond to this gap. The immediate goal of the manuals was to assist the residents to improve the quality and quantity of their sleep. Additionally, it was hypothesized that the manual would aid in ensuring the success of reintegrating offenders in the community by building solid strengths for the reintegrating offenders to draw upon, while overcoming barriers that may interfere with their successful community reintegration. It is noted that this hypothesis could not be tested directly because of time constraints. Thus, the manual was developed for staff to assist future clients.
Chapter III: Method

Participants

The target population for the manual is adult male reintegrating offenders, age 18 and older, on parole in the community. Participants should have a history of sleep problems, as well as conditions to abstain from alcohol and a curfew of midnight as a stipulation of their current release in the community. Also, participants should demonstrate a need to develop skills in one or more of the following areas: sleep hygiene, stress management, coping skills, self-management, and motivation. Lastly, it is recommended that participants have literacy and comprehension skills at, or above, a grade 8 education in order to be able to understand the material and fully participate in the tasks and learning components.

Participant selection should be based on identified need in one or more of the aforementioned areas, as indicated by agency staff observation, institutional assessment outcomes and/or compliance with current parole conditions, such as to participate in recommended programming as determined by agency staff. Thus, reintegrating offenders should be recruited by the agency staff, as they will be directly supervising them and may be able to observe any deterioration in sleep. This will serve as an additional means to manage reintegrating offenders’ risk in the community by way of addressing needs factors.

Facilitators

The manual was designed to be delivered by agency staff, ideally the reintegrating offenders’ case manager. To ensure that the facilitators were properly prepared, a training session was offered to current agency staff. In addition, the facilitator manual was designed to provide training to staff in each of its sections. Additionally, present and future facilitators should be competent in developing rapport with reintegrating offenders, rolling with resistance, presenting and teaching material directly related to the manual’s contents and encouraging participation in order to maximize positive outcomes.

Design

The manuals were created by the author in partial fulfillment of a requirement for an applied thesis in the Bachelor of Applied Arts in Behavioural Psychology degree program, during a 14-week field placement. The focus of the participant manual is to educate reintegrating offenders on sleep hygiene, stress management, and motivation, while the facilitator manual is focused on training agency staff to deliver skill building, information-based sessions based on the manuals’ content. This format was selected based on an identified need by the agency to train staff to address sleep concerns. It was assumed that a further benefit would be building reintegrating offenders’ skills, to enhance their community reintegration.

The manuals were designed to offer brief intervention sessions (e.g. 45-75 minutes per component) via a flexible delivery schedule, either one-on-one or in groups of up to 10 participants. This flexible design can also accommodate requirements for daily supervision.
Preferably, the intervention would be delivered one-on-one; however, the intervention can be delivered in a group format. It is recommended that the group does not exceed a ratio of 10 participants to one facilitator. The intervention should be delivered in the board room of the agency as this is equipped with a computer and sufficient space. The computer would be operated by the facilitator for slideshow presentations and other related media. The board room not only has the space required if the facilitator wishes to use a group format, but it also provides a quiet workspace in which to implement the intervention. An alternative workspace may be designated by the facilitator based on the needs of participant(s). The intervention is administered through oral instruction, media use, and activities designed to reinforce learning. Participants are given the opportunity to practice certain skills and give verbal and written feedback. Facilitators will also give oral feedback to correct, instruct, and praise. The facilitator and participant(s) will require a pen or pencil to complete worksheets and exercises, and access to a photocopier.

Finally, the implementation of the intervention should be customized to each participant, given that individualization of therapy will increase the success of the participant(s). This should include adjusting the content, frequency, and number of sessions, as these are contingent upon identified needs, and the amount of support required.

Supporting Information

In addition to the literature review, additional sources were consulted during the development of the manuals. Input was obtained from agency staff, including residential case managers, the team leader, and the executive director of the agency. Overall, the staff consensus was that a set of manuals would be an appropriately-structured treatment package in addressing sleep concerns, stress coping, and motivation.

Further to consulting with agency staff, two specialists were consulted to obtain information on the above areas. This included e-mail contact with a local sleep clinician and a university professor who specializes in sleep hygiene. Several publicly available resources were obtained from both specialists, and some were adapted for use in these manual.

A summary of all personal communications is presented in Appendix A. Additionally, all parties contacted by the author were informed that the information was collected to be utilized in an applied thesis, and that all materials obtained were publicly available. Finally, the majority of materials utilized within the manuals were altered in some form by the author.

Procedure

Although both manuals contain many of the same components and sections, the facilitator manual is an instructional manual that explains how to present the tasks in the participant manual. The manuals were designed to be used in tandem to ensure a smooth and effective delivery of the material. It should be noted that Component D: Feedback Survey does not appear in the participant manual. This survey is to be administered to participants after the intervention is complete. This ensures that the survey will not be completed prematurely. Below is a breakdown of what each section entails for both the facilitator and participant manuals.
The Manuals

Introduction

This section will introduce the manuals, provide rationales for their creation and use, and outlines their contents. Suggestions for modifications to enhance effectiveness and efficiency are also provided in the facilitator manual.

Component A: Sleep Hygiene

This component focuses on educating facilitators on how to explain to participants what sleep hygiene is and how it affects them. Additionally, this section contains the sleep log that participants will need to fill out. The training on how to teach participants is included in the facilitator manual.

Section A: Psychoeducation: This section is the educational component based upon the literature review. Contained within this section is the explanations and training for each exercise that participants will be required to complete. This section should last between 20 and 30 minutes, it is recommended that 10 minutes be set aside for questions and discussion based on the material.

Section B: Sleep Hygiene Index: This section is the assessment component adapted from Mastin et al. 2006. The Sleep Hygiene Index is scored on a 5-point-Likert scale. Zero points are given for Never, one point for Rarely, two points for Sometimes, three points for Frequently, and four points for Always. As there are 13 items in this measure, the scores of the participants range from 0 to 52. If a score is calculated to be between 0 and 13, the participant has a classification of Slight Concern. If a score is calculated to be between 14 and 26, the participant has a classification of Mild Concern. If a score is calculated to be between 27 and 39, the participant is classified as having a Moderate Concern. If a score is calculated to be between 40 and 52, the participant has a classification of Severe Concern. The level of concern is designed to prompt the facilitator to increase or decrease duration, frequency, and number of the sessions. Overall, this exercise should take 15 minutes or less to complete.

Section C: Homework Log Sheet: This section is the practical portion of the component adapted from Dr. Judith Davidson’s Sleep Diary. An accompanying instruction section is provided as well as the actual sleep log for the facilitator to hand out each week. The participant manual contains a list of quick reference instructions for completing the sleep log. Overall, filling in the sleep log during the following morning should take no more than 5 minutes.
Component B: Stress Management:

This component focuses on educating facilitators on how to explain to participants what personal stress management is and how it can benefit them in their reintegration into society. Additionally, this section contains a relaxation activity that can be used to help reduce stress. The training on how to instruct participants is included in the facilitator manual.

Section A: Trauma-Informed Care: This section will only appear in the facilitator manual. It is an educational section for facilitators to use so that they do not suffer vicariously from the potentially traumatic events of therapy. Some participants may share some particularly unsettling personal experiences while in therapy. The effects of hearing these difficult events may cause some facilitators to feel as if they have also lived through the event. The solution to appropriately cope with these feelings is to practice self-care. In this section there are two practice exercises. The first deals with self-care techniques, and the second deals with work-related care. This section is expected to be completed by facilitators before teaching this component. This section should take approximately 20 minutes to complete.

Section B: Stress Reduction and Coping Skills Training: This section is the first of two educational sections in this component. This section has various brief exercises to reinforce the learning of the techniques taught in this section. Learning to reduce stress and cope with stress is a key skill for reintegrating offenders to learn. This section should last approximately 20 minutes.

Section C: Grounding Techniques: This section is the final of the two educational sections. This section also contains various brief exercises to reinforce learned material. Grounding techniques will vary greatly depending on the background of the participant(s). Included in this section is a suggested guide for how to select a grounding object/strategy. Overall, this section should take approximately 20 minutes to cover.

Section D: Relaxation Techniques: This is the practical section of the component. The facilitator will lead the participant(s) through a guided relaxation and demonstrate how to complete a solo exercise. The guided relaxation should be approximately 20 minutes in length, while the solo exercise should be able to be completed in approximately 5 to 10 minutes. Instructions for both relaxation exercises can be found in the facilitator manual. Instructions for the quick relaxation session can also be found in the participant manual.

Component C: Motivation and Self-Management:

This component focuses on educating participants on motivation and self-management, and how it can benefit them in their reintegration into society. Additionally, this section contains the specific, measureable, attainable, realistic and timely (SMART) goals system that participants will complete and that can be used to help reduce their risk in the community by increasing motivation through self-management. The training on how to instruct participants is included in the facilitator manual.

Section A: The Stages of Change: This section is educationally based with a short activity at the end. The facilitator will present a 15-minute-long PowerPoint on the stages of
change, highlighting the defining characteristics of each stage and the differences between them. The short activity at the end will require participants to identify their own attitudes towards change, what stage of change they are currently in, and where they would like to be. This activity should last approximately 5 minutes.

Section B: Self-Management: This section is interspersed with educational material and activities for participants. This section is designed to inform participants of their own power to make their goals happen, thereby increasing their motivation. The SMART goals system will be employed to help with this process. Overall, this section should be approximately 20 minutes in length.

Component D: Feedback Survey

This Component is the final task for facilitators. After the completion of the intervention, facilitators will administer this survey and retain them for future improvement of the manuals. The survey instructions are in the facilitator manual as well as the survey itself.

Section A: Participant Survey: this survey is included to garner feedback about their experiences in the training. It should take less than 15 minutes to complete.

Confidentiality and Informed Consent

No formal means of establishing confidentiality or obtaining informed consent were explored for use with the manual as the agency has previously established policies in place that direct practice in these areas. It is therefore assumed that facilitators are aware of the agency’s procedures and policies regarding these matters, and will comply with these procedures and policies as required.

Evaluation

The manuals were not evaluated due to time constraints, and they contain no formal evaluation methodology. However, the social validity of the manuals was assessed by gathering informal feedback from agency staff and clients during the development of the manuals, and changes were made based on this informal feedback. Additionally, several of the sections of the participant manual were read by a reintegrating offender to ascertain appropriateness of the terminology, comprehension, and ease of reading. Finally, as mentioned above, the facilitator manual contains a brief survey for participants to fill out. This survey should be administered by a facilitator upon completion of the intervention. This will allow facilitators to obtain feedback from participants about their reactions to the training and usefulness of the manual. This feedback could also be used to identify weaknesses in the manual, and to make changes to ensure continued effective treatment.
Chapter IV: Results

Final Product

The products of this thesis include a facilitator’s manual (Appendix B), and an accompanying participant’s manual (Appendix C).

The facilitator’s manual focuses on teaching skills and identifying needs for reintegrating offenders in the following areas: sleep hygiene, stress reduction, motivation, and self-management. These areas were chosen based on the literature review and the needs identified by the agency. Furthermore, the manual was designed specifically for use during routine supervision meetings, so as to minimally disrupt the schedules of staff and their clients.

The participant’s manual was designed to complement the facilitator’s manual, in that it contains all the necessary exercises for participants to complete and all of the necessary materials for participants to read so as to take part in the discussions outlined in the facilitator’s manual. The participant’s manual is also a resource clients are expected to access for assistance with difficulties they may experience.

Feedback and Revisions

Both the facilitator’s and participant’s manuals were reviewed by agency staff members in order to obtain feedback on their design and functionality. In general, feedback from staff members indicated that the manuals’ content was appropriate for the targeted group, that the design and method were appropriate and practical; and that it was functional for its intended use. Staff members also indicated that the manuals responded to the identified need of creating a formal method for addressing needs in a single treatment package, and that it would be an asset to the agency.

However, agency staff noted some concerns with the manuals and recommended changes to address them. Firstly, some of language was unclear, which could cause problems when implementing the manuals. Secondly, staff identified some areas in both manuals that were inadequately explained. These areas needed to be more thoroughly explained, and it was suggested that examples should be provided to help illustrate points in more comprehensive manner. Finally, it was noted that as the material was mainly educational, clients would lose interest. Staff suggested that aesthetic changes be made to better draw the attention of participants and facilitators alike.

In addition to the feedback from agency staff, a resident who was soon reintegrating was asked to review the participant manual, to assess the appropriateness of the reading level. It should be noted that the offender met all requirements outlined in Chapter III of this thesis. The offender indicated that he had no difficulties reading the material. Furthermore, he indicated that the content of the manual was beneficial and interesting. As he had no difficulties in reading the material, it appears that the reading level and content of the participant manual are likely to be appropriate for this population.
Changes to the Manuals

Based on the feedback received, minor changes were made to the facilitator’s and participant’s manuals, including language clarification and aesthetic additions. Language clarification changes included simplification of terms, spelling and grammar, and some sentence structure changes. Aesthetic additions included the bolding, underlining and italicizing of keywords. Changes made to the participant manual included more in-depth explanations. These changes included providing clearer descriptions of potential problems and their potential solutions.
Chapter V: Discussion

Thesis Summary

This thesis was intended to enhance community support and supervision of reintegrating offenders by providing a comprehensive treatment package to community corrections staff. Also, this thesis was designed to identify and address reintegrating offenders’ needs in the following areas of concern: sleep hygiene, stress management, coping skills, self-management, and motivation. These areas were focused on based on the earlier review of the research literature. The research indicated that poor sleep hygiene practices (SHPs) and poor stress coping behaviours (SCBs) were highly indicative of high stress and low motivation (Abe et al., 2011; Billows et al., 2009; Ellis et al., 2002; Mastin et al., 2006; McMurran & Ward, 2004; Prochaska & DiClemente, 1982; and Westra & Dozois, 2006), thus the target areas for the treatment packages centered on improving sleep hygiene skills, reducing stress, and increasing motivation to change.

At the time of this thesis, three important concerns were identified in the reintegration process for former offenders. Firstly, sleep hygiene skills were targeted by way of a psychoeducational section based on identifying and correcting poor SHPs. Next, the stress reduction section for facilitators was based on compassion fatigue and appropriate debriefing strategies outlined by Mathieu, 2012. The stress reduction section for participants was based on identifying and correcting poor SCBs, using a totem to ground participants in the session, and using relaxation techniques. Finally, the section on motivation and self-management was based on increasing motivation to make changes to inappropriate behaviours and their demonstrated ability to be effective with a reintegrating offender population. Therefore, the goal of this thesis was to address the above areas with a standardized treatment package. It was determined that a set of manuals would provide an effective and efficient means of attaining this goal. It was hoped that the manuals would aid community correctional staff in assisting offenders in their reintegration process, which would result in improved outcomes for reintegrating offenders currently in the community.

To ensure that the manuals content was both accurate and suitable for the population of reintegrating offenders, informal feedback was obtained from two agency staff and one offender. The changes made to the manuals were based on this informal feedback.

Strengths

A major strength of this thesis is that it is built on strong empirical evidence which was summarized in the literature review. The literature review that guided the development of the manuals involved the extensive research on topics relevant to assisting offenders reintegrate into the community. This review included empirical findings from several different client populations. Therefore, the manuals are considered to reflect “best practices”.

Another strength of this thesis is that it is based upon information integrated from multiple sources. The sources include: community corrections staff, an institutional psychologist, a local sleep psychologist, and a sleep hygiene specialist. This allowed the final product to reflect a multidisciplinary approach.

A final strength of this thesis is that it provides community corrections staff with a user-friendly and practical means of identifying a client’s needs and correcting problem behaviours. For example, the Sleep Hygiene Index is brief, user friendly, and includes simple scoring and
need identification procedures. The level of needs identified prompts the facilitator to consider how intense the treatment should be for the individual. This was designed to help agency staff to determine how much time and resources should be allocated to an individual.

**Limitations and Challenges**

Although the manuals have the potential to be highly effective, there are several limitations to be considered. Due to time constraints, no formal data collection method was used. In place of this, informal interviews with agency staff and community corrections staff were employed to acquire information about offenders’ sleep, stress, and motivational concerns. Therefore, the manuals were developed in part by utilizing subjective data, which may impact their overall validity. However, input from the informal interviews was supported with empirical findings from the literature, which allowed for some degree of objectivity in the manual development process.

In addition, due to the time constraints, feedback on the manuals could only be obtained by two agency staff and one offender. Given this, it cannot be assumed that all future facilitators will find the manuals helpful in their case management strategies or that all future offenders will find the participant manual as helpful and useful. Therefore, it may be challenging to implement the manuals with future offenders, thereby limiting its generalizability.

A final limitation is that no empirical method of evaluation was created for the manuals. Therefore, the hypotheses posited by this thesis could not be tested directly, as there was no opportunity to determine the utility of the manuals for staff, nor their efficacy in improving offender behaviour.

**Multilevel Challenges to Service Implementation**

**Client Level.** This particular client population has many restrictions in place due to their conflict with the law. It is generally more difficult to promote change in the former offender population as many have been in the precontemplative stage of change for many years and have received minimal individual treatment. Furthermore, clients transitioning from correctional institutions have many sleep concerns that were not addressed while they were incarcerated. Also, non-eclectic approaches will only go so far when working with this population, as many may require a diverse and comprehensive approach. Finally, when implementing skills training with offenders, it is necessary to be mindful of the challenges that may be present, including: poor literacy, lack of education, poor insight and physical, cognitive, and behavioural deficits. These challenges may interfere with a reintegrating offender’s ability to comprehend the manual’s content, and may result in difficulty completing the treatment. Because of these factors, it is important for facilitators to identify when these challenges are a concern, and develop strategies to assist the participants in moving past these barriers to become more successful in treatment.

**Program Level.** The programming available to this population generally occurs while they are still incarcerated. There are certain programs that they can take outside of the institution, such as the community maintenance program (CMP). However reintegration into society remains a significant challenge. This agency is striving to change their operation from a 12-hour to a full 24-hour halfway house. This will mean a more effective and secure facility in which to deliver programs and treatments. Finally, it is necessary to note that staff time is a valuable, but limited
resource. As many case managers have large caseloads and are responsible for not only the supervision but the implementation of treatments it is difficult for them to effectively supervise and treat all offenders in all of their treatments. Therefore, the manuals outlined in this thesis utilize brief skill-building exercises. This method of treatment implementation was chosen to help alleviate the significant barriers to successful reintegration.

**Organizational Level.** The agency has many satellite offices throughout Canada. However, each has a very different approach or focus. For example, some will focus on youth, others will focus on adults, and others will focus on recidivism and homelessness prevention. There is a lack of cohesion in the service from this organization from one office to another, which prevents service from becoming more effective. As the agency has minimal staff during the day, and none overnight, staff availability to implement treatment programs is negatively impacted. Offenders may not be able to access staff to participate in programs, thus significantly reducing their opportunity for successful reintegration into society. Therefore, the manuals outlined in this thesis utilize brief skill-building exercises that can be altered to include group participation. Also many of the exercises can be completed without the facilitator being present, allowing the facilitator to focus their time and resources on other areas.

**Societal Level.** A concern on the societal level is stigma faced by offenders in the community. While we can empirically support the contention that rehabilitation is more effective than longer sentences and more mandatory minimum sentences, the average person is often of the opinion that imprisoning offenders forever is the ideal and least costly measure. This stigma and bias makes it difficult to get public support to fund appropriate services such as those provided by this agency, so that the skills addressed by the manuals developed by the author can be properly taught in the community.

**Contribution to the Behavioural Psychology Field**

This thesis makes two contributions to the field of behavioural psychology. Firstly, it provides a unique treatment approach that combines practical skill-building exercises in sleep hygiene, stress reduction, motivation, and self-management; with empirically-validated treatment approaches adapted from CBT, MI, and sleep therapy. The integration of these approaches has the potential to improve offender functioning and lead to successful reintegration into society.

Secondly, the thesis contributes to the growing literature used by behavioural psychologists to develop and adapt intervention procedures that will work with a wide variety of client populations. The thesis accomplishes this by successfully integrating several treatment approaches for use with offenders.

**Recommendations for Future Research**

As noted above, the hypotheses posited in this thesis could not be tested due to time constraints. Therefore, it is recommended that that the manuals be implemented in a pilot program. The proposed pilot program should adhere to the guidelines for implementation outlined in Chapter III of this thesis. It is further recommended that the proposed pilot program include a formal means of evaluating the manuals’ efficacy in reintegrating offenders and their utility for staff. This should include a method of obtaining feedback from staff, developing a method to test offenders’ comprehension level, and developing a pre/post evaluation procedure.
for offenders’ progress in acquiring the relevant skills, and in maintaining them. Implementing the manual in this way would allow for the testing of the proposed hypotheses in this thesis, and would aid in establishing the manuals’ validity and effectiveness. Finally, it is recommended that changes be made to the manuals based on the results obtained from the proposed pilot program, as this would assist in improving the content of the manuals, and encourage their use by both facilitators and participants.
References


McCurry, S. M., Gibbons, L. E., Logsdon, R. G., Vitiello, M., & Teri, L. (2003). Training caregivers to change the sleep hygiene practices of patients with dementia: The NITE-AD


Agency Contacts

1. J. Glasspoole, Residential Case Manager (2013-09-27)

   Mr. Glasspoole was initially consulted to determine if there was value in creating the manuals. He stated that the creation of the manuals would be highly valuable as they target known areas of need. He also stated that having manuals that focused on interrelated areas rather than on one area would be more efficient.

2. J. Langan, Residential Case Manager, Team Leader, & Supervisor (2013-09-13)

   Ms. Langan was asked to identify current areas of concern. She indicated that the following areas were in need of attention: sleep hygiene, stress management, self-management, and motivation training. Additionally, Ms. Langan indicated that manuals such as these were needed to help facilitate better treatment of reintegrating offenders, particularly those with sleep concerns. Finally, she stated that the manuals would be beneficial as they would provide structure in which to apply therapies.

External Contacts

1. D. Mastin PhD, Professor (2013-10-30)

   Dr. Mastin was contacted via e-mail to obtain permission to utilize the Sleep Hygiene Index. After permission was granted, Dr. Mastin was consulted on certain topics within the manual, to ascertain their appropriateness.

2. J. Davidson PhD, Psychologist (2013-10-13)

   Dr. Davidson was contacted via e-mail to obtain permission to utilize and modify her Sleep Diary. Dr. Davidson granted permission. Dr. Davidson was later consulted on content and logical flow within the manual, as she written a book on treating insomnia. Additionally Dr. Davidson suggested other research articles.

3. J. Nickason, Psychologist with Correction Services Canada (CSC) (2013-10-01)

   Ms. Nickason was consulted for advice on how to structure the manuals. Ms. Nickason stated that interspersing activities with instructional material will not only get the points across, but help make positive associations with the presented material. Additionally, she stated that having the topics build on one another is a sure way to further ingrain the material.
Appendix B: Facilitator’s Manual
Facilitator’s Manual

Sleep and Stress Help Guidebook

Developed by: Adam Legroulx

Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College

2014

1This manual was designed to be used only by the community corrections agency that participated in this thesis. Permission must be obtained by the author, Adam Legroulx, at a.legroulx@hotmail.com if others wish to use it.
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Introduction

Purpose of the Manual and Rationale: This manual was designed to assist community correctional staff and case managers with sleep, stress and motivational deficits in reintegrating offenders by focusing on building skill sets. This manual is meant to provide staff with the means to treat sleep, stress and motivational concerns through use of structured treatment. Additionally, this paired manual format was selected based on the agency-identified need for a standardized method of treatment that would result in a higher success rate of community reintegration for offenders. Building reintegrating offenders’ skills in the above areas would also contribute to their successful community reintegration.

Description of Contents:

Component A: Sleep Hygiene:

This component focuses on educating facilitators on how to explain to participants what sleep hygiene is and how it affects them. Additionally, this section contains the sleep log that participants will need to fill out.

Section A: Psychoeducation: Contained within this section is the explanations and training for each exercise that participants will be required to complete. This section should last between 20 and 30 minutes, it is recommended that 10 minutes be set aside for questions and discussion based on the material.

Section B: Sleep Hygiene Index: This section is the assessment component adapted from the study by Mastin et al. 2006. The Sleep Hygiene Index is scored on a point-based Likert scale. The scoring will be tabulated as follows:

- Zero points given for Never
- One point given for Rarely
- Two points given for Sometimes
- Three points given for Frequently
- Four points given for Always

Participants’ summed total scores can range from 0 to 52. If a score is calculated to be between 0 and 13, the participant will have a classification of Slight Concern. If a score is calculated to be between 14 and 26, the participant is classified as having a Mild Concern. If a score is calculated to be between 27 and 39, the participant will have a classification of Moderate Concern. If a score is calculated to be between 40 and 52, the participant will be classified as having a Severe Concern.

The level of concern will cue the facilitator to increase duration, frequency, and number of the sessions. Overall, this exercise should take 15 minutes or less to complete.
Section C: Homework Log Sheet: This section is the practical portion of the component adapted from Davidson’s (2013) Sleep Diary. An accompanying instruction section is provided as well as the actual sleep log for the facilitator to hand out each week. In the participants’ manual is a list of instructions for completing the sleep log for quick reference purposes. Presenting this section should take approximately 15 minutes. This section will take less than 5 minutes to complete each morning for the participant(s).

Component B: Stress Management:

This component focuses on educating facilitators on how to explain to participants what personal stress management is and how it can benefit them in their reintegration into society. Additionally, this section contains a relaxation activity that can be used to help reduce stress.

Pre-Component: Trauma Informed Care: This section will only appear in this manual. It is an educationally based section for facilitators to use so that they do not suffer vicariously from the potentially traumatic events that may be disclosed in therapy. In this section there are two exercises. The first deals with self-care techniques, the second deals with work-related care. This section is to be completed by facilitators before teaching this component. This section should take approximately 20 minutes to complete.

Section A: Stress Reduction and Coping Skills Training: This section is one of two educational sections in this component. This section has various small exercises to reinforce the learning of the techniques taught in this section. Learning to reduce stress and cope with stress is a key skill for reintegrating offenders to build. This section should last approximately 20 minutes.

Section B: Grounding Techniques: This section is the final of the two educational sections. This section also contains various small exercises to reinforce material. Grounding techniques will vary greatly depending on the background of the participants. Included in this section is a suggested guide for how to select a grounding object/strategy. Overall, this section should take approximately 15 minutes to cover.

Section C: Relaxation Techniques: This is the practical section of the component. The facilitator will lead the participant(s) through a guided relaxation and demonstrate how to complete a solo exercise. The guided relaxation should be approximately 20 minutes in length, while the solo exercise should be able to be completed in approximately 5 to 10 minutes. Instructions for both relaxation exercises can be found in this manual. Instructions for the quick relaxation session can also be found in the participant manual.

Component C: Motivation and Self-Management:

This component focuses on educating participants on motivation and self-management, and how it can benefit them in their reintegration into society. Additionally, this section contains the SMART goals system that participants will complete and that can be used to help reduce their risk in the community by increasing motivation through self-management. Training on how to instruct participants is included in the facilitator manual.
Section A: The Stages of Change: This section is educational, with a short activity at the end. The facilitator will present a 15 minute-long PowerPoint on the stages of change, highlighting the defining characteristics of each stage and the differences between them. The short activity at the end will require participants to identify their own attitudes towards change, what stage of change they are currently in, and where they would like to be. The end of section activity should last take less than 10 minutes to complete.

Section B: Self-Management: This section is designed to inform participants of their own power to make their goals happen, thereby increasing motivation. The SMART goals system will be employed to help with this process. Overall, this section should take approximately 20 minutes to complete.

Component D: Feedback Survey

This Component is the final task for facilitators. After completing the intervention, facilitators will administer this survey and retain them for future improvement of the manuals.

Section A: Participant Survey: this survey is included to garner feedback based on the participants’ experiences. It should take less than 15 minutes to complete.

Participant Characteristics: This manual’s target group is adult, male former offenders, age 18 and older, currently on parole in the community. Participants should be experiencing an identified need in one or more of the following areas:

- History of, or current concerns about poor SHPs. This need will be assessed by agency staff, to ascertain if this section is appropriate for the participant to engage in.
- History of, or current concerns about poor stress management skills. This need will be assessed by agency staff, to ascertain if this section is appropriate for the participant to engage in.
- History of, or current concerns about lack of motivation and self-management skills. This need will be assessed by agency staff, to ascertain if this section is appropriate for the participant to engage in.
- All participants should be able to demonstrate literacy skills at or above a grade 8 level to be eligible to participate in the required tasks and assignments of the manual.

Facilitator Characteristics: This manual is intended to be delivered by community correctional staff, this includes: residential case managers, relief staff, and placement students. Facilitators should be competent in the following areas:

- Ability to assess risk in the community
- Ability to identify needs and assess concerns
- Ability to develop rapport
- Ability to overcome barriers during program delivery
**Materials Required:** This manual and the accompanying participant manual require little besides the following:

- Pen or pencil
- Quiet workspace
- Access to a computer for multi-media presentation purposes
- Access to photocopier and printer for certain activities

**Using the Manual Effectively:** The following are useful strategies for increasing the manuals efficiency and effectiveness:

- The manuals are designed to be used in tandem as this allows the facilitator to explain how to proceed through the participant manual with greater ease. However, it is highly recommended that the facilitator review the contents of each treatment component prior to implementation of the treatments. This will help facilitators become familiar with the material and increase their comfort with the material. Furthermore this will assist facilitators in answering any questions that participants may have during treatment.
- The manuals can be delivered in individual format or in groups; this will require a judgment on the facilitator’s part to decide if the group will be a cohesive one and benefit or if it will be better suited to have individuals participate at different times. This flexibility allows for the possibility of group discussion and can facilitate a further ingraining of the material.
- The pace of delivery for the manuals is determined by how the participants are able to progress. If participants are struggling to keep up, it is recommended to slow the pace down and lessen group discussion. If participants are eager and are keeping up with the material easily then it is recommended to include more group discussion. The pace should always match the needs and level of support of the participant. The accompanying time scale is meant as a guideline only, adjust it as needed, and always with the participants’ best interests in mind!
- This manual has an accompanying participant manual. Thus participants will each require access to a participant manual so as to facilitate participation in the learning activities and discussions located within the treatment components. The participant manual may be photocopied, or printed from an electronic source.

**Note:** The following is an exact copy of what appears in the participant manual. Additional material is added for facilitators, and this extra material is outlined throughout the facilitator manual. Clients will require their own copy of the participant manual to facilitate participation in the exercises and discussions therein.
Component A:

Sleep Hygiene
**Component A: Overview**

**Introduction:** This component contains three sections pertaining to sleep hygiene. Good sleep hygiene practices are very important and beneficial skills for reintegrating offenders to have. Sleep refreshes the mind and body so that one can go about their day in a productive manner.

**Purpose and Rationale:** The purpose of this component is to educate reintegrating offenders on the importance of sleep hygiene. This is accomplished through three sections:

1. The first section is a psychoeducational section that will help reintegrating offenders understand the importance of sleep, good sleep hygiene practices and how to track their sleep.

2. The second section is the Sleep Hygiene Index, adapted from Mastin et al. 2006. This index is designed to assess the current level of concern that the participant is experiencing regarding sleep.

3. The third section is a sleep log, adapted from Davidson (2013). This sleep log is designed to aid participants in tracking their sleep and understanding the different contributors and detractors of their sleep.

By increasing insight into sleep and sleep hygiene, reintegrating offenders can decrease stress and anxiety while promoting healthier lifestyles. It is assumed that by educating former offenders about sleep hygiene will contribute to more successful community reintegration.

**Time Scale for Component:**

Section A: Psychoeducation – Approximately 30 minutes

A.1: Things that Affect my Sleep ................................................................. p. 33
A.2: Things to Do and Not to Do While Restless........................................ p. 37
A.3: Identifying the Problems........................................................................ p. 37
A.4: What Changes do I Need to Make? ...................................................... p. 38

Section B: Sleep Hygiene Index – Approximately 20 minutes

B.1: Sleep Questionnaire .............................................................................. p. 39

Section C: Sleep Log – Approximately 10 minutes

C.1: Sleep Log .............................................................................................. p. 41
Section A: What is Sleep Hygiene?

Your sleep is very important. Without it you would not be able to do much of anything. Sleep recharges your brain and body for the next day. However, sleeping does much more than just recharge your brain and body for the next day. Here are some ways that a good night’s sleep can benefit you:

- Replaces lost energy from the day before
- Helps keep you happy
- Relaxes your body

Without sleep, your body and brain cannot work like they are supposed to. Just like a car, they need fuel and care. It matters what you do to your body and what you put into it. This is where sleep hygiene comes into play.

**What Sleep Hygiene is:** Sleep hygiene is a combination of things you do before you go to sleep at night. The things you do during the day also play a part in how sleep hygiene works. Let’s make a list of the things you think affect your sleep.

**Exercise A.1: Things that Affect my Sleep**

These are the things that I think affect my sleep:

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________
5. ______________________________________________________
6. ______________________________________________________
7. ______________________________________________________

Which ones do you think affect your sleep in a positive way? Which ones do you think affect your sleep in a negative way?
Good Sleep Hygiene Practices

Now that you have your list of things that you think affect your sleep, you need to know which ones are affecting you in a positive way. The list below identifies good sleep hygiene practices. Some of the items on the list are things you need to adjust to make them work for you, others are things you may need to start or stop depending on what your habits are. Good Sleep Hygiene Practices are:

Adjust your Room Temperature: This sounds simple but it often gets forgotten. If your body is too cold or too hot you will have trouble getting to sleep or staying asleep. If your thermostat is in your bedroom then you can adjust this easily, if not then here are some helpful ways to get comfortable:

Too Cold: Too Hot:

- Try sleeping under the covers
- Wear socks to bed
- Ask your landlord to turn on/up the heat
- Close the window

- Remove the covers or blankets
- Change to thinner clothes to sleep in
- Ask your landlord to turn off/down the heat
- Open the window

Keeping Things Quiet: Trying to sleep when there is too much noise is frustrating. Whether it is the TV left on or your cellphone going off, these things are going to affect your sleep in a negative way. Some good strategies are to remember to turn off your electronics like your TV, cellphone, and laptop. For some things that you can’t control, like the neighbour’s dog barking or a lot of traffic on the street, you may want to try are:

- Wearing ear plugs to sleep
- Closing the window
- Listening to soothing music at low volume (this is not for everyone)

Light Control: We generally work during the day and sleep at night. We need the light to see the work we are doing, but at night we sleep. It is much easier to sleep with lights off and the room dark. Some helpful strategies are:

- Sleeping facing away from windows
- Using blackout curtains
- Closing the blinds or curtains at night
- Turn off your cell phone and other devices such as, iPads

Limiting Caffeine Intake: While drinking coffee and other caffeinated drinks may help us wake up in the morning; they also keep our brains and bodies awake at night. Trying to go to sleep after a coffee is not going to work very well. It is highly recommended that you stop drinking any coffee, tea, soda, or energy drinks at least 4 hours before bed. Switching to decaf tea and coffee in the evenings is a good way to still enjoy a hot drink in the evening without keeping you up all night.
Meal Times and Types: Eating healthy is always a good idea, it helps our bodies stay healthy, lose weight and gives us the energy to get through the day. Eating right also helps with getting a good night’s sleep. Eating at the right time and eating the right food can make your sleep much better. A few things to remember are:

- Not eating large amounts of food before bed
- Avoid eating a lot of complex carbs, like potatoes and rice
- Snacks are ok, just in moderation
- Eating in the middle of the night can cause other sleep problems such as nightmares

Exercise: Just like meals, there is a right time and wrong time for a work-out. Exercising is important to stay healthy and fit, but it also plays a part in how you sleep. After working out or going for a run, most people get a second-wind or a burst of energy, this is sometimes called runners’ high. This happens when you work out and use a lot of energy quickly. Doing this just before bed is not a good idea. This burst of energy can make it difficult to sleep. The best times to work out are a) shortly after a meal and b) mid-afternoon. Working out at these times gives your body time to cool down and relax before sleep.

Sticking to a Schedule: Going to bed at the same time and getting up at the same time is what you did as a kid, and many people find that it works! By putting your sleep on a schedule and sticking to it you get into a routine that your body can depend on. This does not mean you need to go to sleep at 10:00 p.m. and wake up at 6:00 a.m. everyday (very few people find this works) you may need more or less sleep depending on your body. Eight hours of sleep is an average, it is not the magic number to try and get.

Relaxation Techniques: Taking the time to make sure your body is relaxed before going to bed is an important step in getting a good night sleep. Here are a few suggestions:

- Deep Breathing
- Muscle Relaxation
- Light stretching
- Meditation
- Yoga

White Noise: Some people, mostly those who have lived in big and busy cities, have found they cannot sleep without some white noise to help them. If you have ever lived by a busy street or train track then you know that the sound can get irritating, but after a while the sound does not bother you. This is called habituation. It means you got used to the noise and now it longer bothers you. If you have moved away from the busy street or train track, you may notice that you have trouble getting to sleep. It is because you were used to the sound and now need it to get to sleep. The best way around this is to turn your radio on low and place the tuning between 2 stations so it picks up nothing but static.

Some techniques will work well for some but not for others; try them all to see which ones will work best for you. Now that you have an idea of what good sleep hygiene practices are, let’s take a look at the bad sleep hygiene practices.
Bad Sleep Hygiene Practices

The list below identifies bad sleep hygiene practices. Some of the items on the list are things you need to adjust to make them work for you, others are things you may need to lessen or stop depending on what your habits are. Bad Sleep Hygiene Practices are:

**Watching the Clock:** Watching the clock at night to fall asleep is one of the worst things to do. You’re focusing on the time, worrying that you will not get enough sleep, meaning you will be tired and not as functional during the day. This can be more draining than going to bed later. Some useful strategies are:

- Turning the clock away from your view
- Dim the display if possible

**Bad Scheduling:** having an unpredictable sleep schedule can make getting a good night sleep difficult. Your body becomes unsure if it really is time to rest or if you will be doing something else. Keeping a regular schedule of going to bed and getting up at the same times can really make a big impact on how rested you are.

**Nicotine:** Nicotine, like caffeine is a stimulant. Taking stimulants before bed will keep you awake longer and you may find yourself unable to sleep or worse – doing things like watching the clock. Another problem with smoking is that it creates a habit of bad scheduling. Most smokers need a cigarette every few hours. If you are waking up to have a smoke every few hours then you are interrupting your sleep. Broken or interrupted sleep is not as effective at recharging your body for the next day. It is recommended that you stop smoking, or at least stop smoking 4 hours before going to sleep.

**Staying in Bed While Awake:** Your bed is designed for sleep, so when you are not going to be sleeping it makes sense to be out of bed. If you are lying awake in bed and have difficulty sleeping, it is recommended to get up out of bed and do something. Your brain will begin to connect being awake with your bed and make it more difficult to get to sleep. Below are some do’s and don’ts of activities for this situation:

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get up and sit in a chair and read a book</td>
<td>Read in bed</td>
</tr>
<tr>
<td>Get up and sit in a chair and watch TV</td>
<td>Watch TV in bed</td>
</tr>
<tr>
<td>A crossword at the table/desk</td>
<td>Go for a smoke</td>
</tr>
<tr>
<td>Your dishes</td>
<td>Lay in bed and wait for sleep</td>
</tr>
</tbody>
</table>

Now write down some of the strategies you have used that would be good to include, good or bad. You can work with a partner if you like.
Exercise A.2: Things to Do and Not to Do While Restless

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
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</table>

**Reading and Watching TV:** these are things that many people do when they cannot sleep. They can work for some, but they can also make sleep harder to get. If you find that you cannot sleep and want to watch TV, the best way to do it is to sit in a chair away from your bed and watch TV. The same goes for reading. If you do these things while in bed, your brain will think that sleep is not important while in bed and will have difficulty getting to sleep or even staying asleep. Your brain needs routine and schedules to keep it balanced. Changing the routine or schedule can affect how your brain and body react to a situation.

Exercise A.3: Identifying the Problems

Below, write which good sleep hygiene practices and which bad sleep hygiene practices you are currently using. Also write down any that were not brought up.

<table>
<thead>
<tr>
<th>Good Sleep Hygiene Practices</th>
<th>Bad Sleep Hygiene Practices</th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>
Exercise A.4: What Changes do I Need to Make?

Below, describe the changes you think you need to make to the sleep hygiene practices you currently use.

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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Section B: Sleep Hygiene Index²

Exercise B.1: Sleep Questionnaire

Circle the best answer for each question.

1. I take daytime naps lasting 2 or more hours.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

2. I go to bed at different times from day to day.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

3. I get out of bed at different times from day to day.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

4. I exercise to the point of sweating within 1 hour of going to bed.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

5. I stay in bed longer than I should 2 or 3 times a week.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

6. I use tobacco or caffeine within 4 hours of going to bed or after going to bed.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

7. I do something that may keep me awake before bedtime (for example: play video games, use the internet, or clean).
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

8. I go to bed feeling stressed, angry, upset, or nervous.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

9. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study).
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

---

²Mastin et al. 2006
10. I sleep on an uncomfortable bed (for example: poor mattress or pillow, too much or not enough blankets).

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

11. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy).

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

12. I do important work before bedtime (for example: pay bills, schedule, or study).

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

13. I think, plan, or worry when I am in bed.

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
</table>

This questionnaire is to be re-administered just before the participant survey. This is so the participants can see their personal progress.
Section C: Homework

Now that you know what sleep hygiene is and what you can do about correcting it, where do you start? How do you start? The answer is different for everyone. Here is a tracking sheet to help you figure out what exactly is going on and where you can make changes.

*Exercise C.1: Sleep Log*

<table>
<thead>
<tr>
<th>DAY of the WEEK</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Which night is being reported on?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I went to bed at (clock time):  

2. I turned out the lights after (minutes):  

3. I fell asleep in (minutes):  

4. I woke up __ time(s) during the night. (number of awakenings):  

5. The total duration of these awakenings was (minutes):  

6. After awakening for the last time, I was in bed for (minutes):  

7. I got up at (clock time):  

The quality of my sleep was  

1 = very poor; 10 = excellent

<table>
<thead>
<tr>
<th>Naps</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number, time and duration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleep medication</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time, amount, type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The sleep log is designed to help you figure out why your sleep is not the best sleep you can be getting. Here is a breakdown of the sleep log and how to fill it out.

---

3 Adapted from Davidson, 2013
Sleep Log Instructions

Box 1: Day of the Week: The top row, where “Day of the Week” is labelled, is the day you are reporting on. For example if you are doing the report on Tuesday morning you would write Monday in the box, because you are reporting on Monday night’s sleep. You will always be reporting on the day before.

Box 2: Bed Time: In this box you need to record the time you went to bed at. It is ok if you are not exact with this number, watching the clock is not something you should be doing. Do no forget to record a.m. or p.m.!

Box 3: Lights Out: This box is for when the lights were turned off. You need to record this as how many minutes after you went to bed, that the lights were turned off. For example you go to bed at 10:30 p.m. and turn the lights out at 10:32 p.m. you would write “2” in the box.

Box 4: Sleep Start: This box is for when you fell asleep. Since you can’t be 100% sure as to when you fell asleep use your best guess. For example if you went to bed at 10:30 p.m. and fell asleep around 11:15 p.m. you would write “45” in the box.

Box 5: Number of Awakenings: This box is for the number of times you woke-up during the night. Use your best guess and write the number in the box.

Box 6: Amount of time Awake: This box is for the total number of minutes you were awake for throughout the night. For example if you had 2 awakenings of 10 minutes each you would write 20 in the box.

Box 7: End Phase: This box is for the amount of time you were in bed sleeping between your last awakening of the night and when you got up to start your day. For example if you awoke at 4:30 am for 10mins and started your day at 6:00 p.m. you would write 80 in the box.

Box 8: Wake Time: This box is for the clock time of when you got up to start your day. Again do not forget to record a.m. or p.m.!

Box 9: Sleep Quality: This box is for the quality of your sleep. If you had a very bad night you would write 1, if you had the best sleep of your life you would write 10. Always use whole numbers, if you are stuck somewhere between 6 or 7 for example, write 6.

Box 10: Naps: This box is for you to record the number of naps during your day and the length of time they lasted for as well as the time you started your nap. For example you lay down at 4:30 p.m. for a nap that lasted for an hour, you would write 1 nap, 4:30 p.m. – 5:30 p.m., 60 minutes.

Box 11: Tobacco: This box is for how many smokes you had during the day. For the purposes of this log, we are going to assume that a smoke takes 10 minutes to finish.

Box 12: Sleep Medication: This box is for you to record when you took a sleeping medication, the amount you took, and the type. For example if you take 100mg of Seroquel at 8:00 p.m., you would write 1 pill, 100mg, Seroquel 8:00 p.m.
Component B:

Stress Management
Component B: Overview

**Introduction:** This component contains four sections pertaining to personal stress management and coping. Having good stress management will help to improve sleep quality and quantity. Less stress equates to more energy to spend on successful reintegration into society.

**Purpose and Rationale:** The purpose of this component is to educate reintegrating offenders on the importance of personal stress management and coping skills. This is accomplished through four sections:

- The first section, *Pre-Component: Trauma-Informed Care*, will only appear in this manual. This section is included to help facilitators cope with stress and traumatic situations. There are 2 exercises for facilitators to work through and a suggested reading. **Facilitators are expected to complete this section before delivering the intervention of this component to participants.**
- The second section is on stress reduction and coping skills training. This section will reinforce lessons on how to deal with stress appropriately and how to cope with situations in a healthy manner.
- The third section is on grounding techniques. This section is designed to enhance the coping strategies outlined in the previous section. The totem exercise is design to “tether” participants to the here and now.
- The fourth section is on relaxation techniques. This section contains the guided and solo relaxation sessions. Instructions are posted below in Section C.

**Time Scale for Component:**

- Pre-Component: Trauma-Informed Care – Approximately 20 minutes
- Section A: Stress Reduction & Coping Skills Training – Approximately 20 minutes
  - A.1: Stress Identification .......................................................... p. 48
  - A.2: Coping Skills.................................................................. p. 48
  - A.3: Stress Coping Behaviours Plan................................. p. 50
- Section B: Grounding Techniques – Approximately 20 minutes
  - B.1: Totem Planning ................................................................. p. 51
- Section C: Relaxation – Approximately 30 minutes
  - C.1: Guided Relaxation.............................................................. p. 52
  - C.2: Quick Relaxation Steps.................................................. p. 54
Pre-Component: Trauma-Informed Care

Traumatic events are not only felt by the person who originally experienced them, they are also felt by those who hear them. In any helping profession, it is highly likely that you have suffered from vicarious trauma. This type of trauma can be very subtle, and can accumulate quickly if left unchecked. Vicarious trauma is defined as any difficult experience that you are exposed to through therapy work or debriefing. You can experience vicarious trauma in many ways, but the most common are through work with clients and debriefing with co-workers.

This section is designed to help you handle these events in healthy way. This will be accomplished through two exercises:

- The primary exercise deals with self-care techniques that will assist you in handling your experiences with vicarious trauma.
- The secondary exercise will assist you and your co-workers in learning to properly debrief after experiencing vicarious trauma.

**Exercise 1: Self-Care Welfare**

Self-care is a term used to describe what a person does to look after themselves when dealing with trauma. Below write down three things that you do for yourself, to make you feel better:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

Take a moment to think about how often you do these things and when you do them. Do they coincide with a difficult time, such as, after experiencing a high stress situation? If so you have already been practicing self-care!

**Exercise 1.1: Island Theory**

While you may already be practicing self-care, it is crucial to remember that no one person is an island. With a partner, make a plan to practice helping each other cope. This exercise is for you to make a support system of one another.

Outline your plans for supporting one another below:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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45
Now that you have a plan in place to support one another, how do you ensure that this plan does not become a breeding ground for vicarious trauma? The best way to avoid unintentionally exposing others to vicarious trauma is to use a technique called Low Impact Debriefing. Low Impact Debriefing has four key components. They are outlined below.

**Increased Self-Awareness:** Take a mental inventory of how you normally debrief, note the details that you are emphasizing when you debrief. Are you debriefing formally or informally? Also take note of how you have dealt with difficult information.

**Fair Warning:** This obvious platitude seems like a common courtesy, but it is rarely used in close quarters work environments. Before imparting difficult to hear details, it is highly recommended to give a signal phrase to warn the other person that difficult details are about to be shared. Such phrases can include:

- I have some bad news
- You may want to sit down
- This next part is difficult to hear
- I am about to share a hard to hear story

This small courtesy will allow the listener to brace themselves to hear your story and prepare themselves for potentially unpleasant details.

**Consent:** After you have given warning to the listener you need to ask for consent. You need to be mindful of others and where they are at. If someone is busy and in the middle of dealing with other problems, it is recommended that you find another person to debrief with. Your Team Leader is a good second choice to approach, if your primary listener is unable to help. Asking for consent can be as simple as saying one of the following:

- I need to debrief something with you, is this a good time?
- I heard something today that was difficult for me, and I could really use a debrief; could I talk with you about it?

There are other examples of course, but as long as you ask for permission and receive it, you are helping to prevent vicarious trauma from spreading.

**Limited Disclosure:** When debriefing with others, it is important to avoid “sliming” them. This means not hitting them with the hard details right away. Disclose the information at a gradual pace and lead into hard to hear information with a fair warning signal phrase. If not all of the graphic details need to be shared, do not share them. Remember that you are debriefing because this was a difficult situation for you. Do not spread the trauma more than need be.

Now that we have covered the topic of debriefing go back to Exercise 1.1: Island Theory and review your plans. With your partner amend any parts of the plan to help keep vicarious trauma from spreading.
Exercise 2: The “No Slime” Policy

Below rewrite your plan to include Low Impact Debriefing:

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For more information on trauma-informed care please see the Team Leader for The Compassion Fatigue Workbook, by Francoise Mathieu 2012.
Section A: Stress Reduction & Coping Skills Training

Stress can have some very serious effects on your brain and body. Stress can cause health concerns, mental health concerns and even trigger your behaviour. To better understand how stress affects you try filling out the exercise below.

Exercise A.1: Stress Identification

1. __________________________________________________________stresses me out the most.

2. When _____________________________________________ happens, I usually________
_____________________________________________________________________________.

3. To deal with my daily stress I try to_______________________________________________
_____________________________________________________________________________.

4. My stress makes me feel _______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. A better way to deal with my stress would be_____________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Now that you are more aware of what your stressors are and how you current deal with them; take a look at the next exercise about coping.

Exercise A.2: Coping Skills

Coping skills are important because they help you deal with stress, but not all coping skills are good ones. On your own or with partners make a list of 5 coping skills that you use to help deal with stress.

1.____________________________________________________________________________

2.____________________________________________________________________________

3.____________________________________________________________________________

4.____________________________________________________________________________

5.____________________________________________________________________________
Appropriate Stress Coping Behaviours

Many people find that doing certain things helps them to cope with stress. Here are some descriptive examples of good stress coping behaviours, and some examples of bad stress coping behaviours.

**Problem Solving:** this stress coping behaviour is a good one to use as it allows you to explore why the stress is affecting you in a negative way. Problem solving skills are useful because they can be used in many different situations. Working on solving a problem on your own also gives you the confidence to try to solve more problems on your own in the future.

Problem solving takes time; it is not an overnight fix. Try not to get discouraged if your problem takes more than a few tries to solve. Practice can only help you.

**Talking it out:** Discussing things with a counsellor, family member or friend can really be helpful, just getting things off your chest and having someone else give you some advice can be very helpful. The downside can be that you may become dependent on them or they may feel used by you. To avoid this, it is recommended that you try to solve things on your own first, then seek help. This way, you have already tried your own and can show what efforts you have already put towards finding a solution.

**Leisure:** this stress coping behaviour is useful, but it can also be harmful. When you abuse your free time you find yourself wasting valuable time that could be spent on another task. Having some down time to read or watch TV is good, but do not forget to get your other tasks done before you relax. Everything in moderation!

**Work-outs:** going for a run or going to the gym may help you de-stress but if you do this too often you may cause injury from straining your body. Your body can only handle so much, remember to rest and not push yourself too far too fast.

**Eating:** this stress coping behaviour may seem like a good thing, you have to eat to survive so why not have a snack or make a meal when you are stressed? You can very easily fall into a pattern of eating when stressed; if you have a lot of stress then you may gain a lot of weight, which may mean spending more money on food, causing financial stress.

**Smoking:** this coping strategy may help relieve your stress quickly but remember you are damaging your body. By relying on smoking to ease your stress you are doing more damage later. In addition to the damage to your body you are also negatively affecting your budget. More smoking = more money spent on cigarettes. Smoking also disturbs your normal sleep pattern, which can also cause more stress later.
Exercise A.3: Stress Coping Behaviours Plan

Now that you have an idea of what stress coping behaviours you use and which ones you should avoid, write down a stressful situation where you can use a good stress coping behaviour to help you.

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______________________________________________________________________________
Section B: Grounding Techniques

A grounding technique is a way to keep you from drifting. Counsellors and therapists use them to keep their clients focused. Generally, a grounding technique involves using an item, called your totem, and by holding it during a high stress time or during when you feel troubled, you can focus on it and bring yourself back under your own control.

When selecting a totem it is best to do the following:

- Choose a totem that you can carry with you at all times, like a ring or a necklace
- Your totem must be small enough to hold in your hand
- It is best to choose something that makes you feel happy

Some examples of easy-to-use totems are:

- Paperclips
- Small Stones
- Elastic Bands
- Necklaces
- Rings
- Keys

The best totems are things you a) already own and b) do not cost much. A box of paperclips is a box of totems; when you lose one you can simply get another. Totems are not something to get attached to; this is why they should not cost much.

Exercise B.1: Totem Planning

Describe below what you think would make a good totem, why it would make a good totem and how you would use it.

______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________
Section C: Relaxation Techniques

This section will help you learn to relax your whole body. There are two parts:

- Guided Relaxation – You will be lead through this by a facilitator
- Quick Relaxation – You can do this on your own when you feel you need it

Exercise C.1: Guided Relaxation

Guided Relaxation

This guided relaxation can be done one-on-one with the participant; however, it can also be done in small groups that do not exceed more than 10 participants for every facilitator. This guided relaxation should be performed in the agency boardroom; as it has the space needed to properly facilitate this guided relaxation, and also because it is a safe environment for both the participant and the facilitator to conduct this guided relaxation. Remember, the tone and cadence of your voice will help the participant relax.

Before you begin the guided relaxation you should ensure that:

- Each participant has their own chair
- Each participant has enough personal space
- Inform each participant that if they feel uncomfortable with any portion of the exercise they may stop
- Inform each participant that if they feel pained by any portion of the exercise they are to inform the facilitator immediately, and discontinue the exercises.
- Participants perform some light stretches to limber the body before this relaxation exercise.
- Inform participants that if they wish to, they may remove their shoes.

Read the following steps in order to guide participants through the exercise.

Step 1: Begin by instructing participants to sit in one of the provided chairs. Have them close their eyes and begin with deep breathing.

Step 2: Have the participant take a deep breath and hold it in for 5 seconds and slowly release through the nose. Repeat this step five times. Instruct them to “inhale deeply, hold your breath counting down from five to one, and then release” when doing any breathing throughout this relaxation.

Step 3: Have the participant tense their eye and forehead muscles, and hold it for 5 seconds. Slowly release the tension. Take a deep breath, and release it.

Step 4: Have the participant open their mouth as wide as possible to flex the jaw. Hold for 5 seconds, and release it. Take a deep breath, and release it.
**Step 5:** Have the participant stretch their head backwards as far as is comfortable, trying to touch their head to their back, and hold for 10 seconds, and then release it. Take a deep breath in and release.

**Step 6:** Have the participant put their head down towards their chest and stretch for 5 seconds, and release. Take a deep breath in and release slowly.

**Step 7:** Have the participant stretch their head to the right as far as they can comfortably and hold for 5 seconds, and release. Take a deep breath in, and release slowly.

**Step 8:** Have the participant stretch their head to the left as far as they can comfortably. Hold for 5 seconds, and slowly release. Take a deep breath in, and release.

**Step 9:** Have the participant take a deep breath and hold it in for 5 seconds and slowly release through the nose. Repeat this step five times.

**Step 10:** Have the participant take an inventory of the head and face to see if there is any remaining tension, if they have any remaining tension repeat the step for the tense area. Take a deep breath in and release.

**Step 11:** Have the participant tense their shoulders by lifting their shoulders to touch their ears. Hold for 5 seconds, and slowly release. Take a deep breath in, and slowly release.

**Step 12:** Have the participant curl their upper body by bending over in the chair to put their chin as close as possible to their knees. Hold for 5 seconds, and slowly release. Take a deep breath and slowly release.

**Step 13:** Have the participant arch their back outward and put their chest out. Hold for 5 seconds, and release. Take a deep breath in and release.

**Step 14:** Have the participant flex their right bicep by pulling up the lower part like they are getting ready to arm wrestle. Hold for 5 seconds. Take a deep breath in and release.

**Step 15:** Have the participant flex their left bicep by pulling up the lower part like they are getting ready to arm wrestle. Hold for 5 seconds. Take a deep breath in and release.

**Step 16:** Have the participant flex their right forearm by holding the inside of the arm upwards and clenching the fist and curling in towards the arm. Hold for 5 seconds and release. Take a deep breath in and release.

**Step 17:** Have the participant flex their left forearm by holding the inside of the arm upwards and clenching the fist and curling in towards the arm. Hold for 5 seconds and release. Take a deep breath in and release.

**Step 18:** Have the participant spread their fingers to make the right hand like a star and flex the muscles of their hand. Hold for 5 seconds and release. Take a deep breath in and release.

**Step 19:** Have the participant spread their fingers to make the left hand like a star and flex the muscles of their hand. Hold for 5 seconds and release. Take a deep breath in and release.
**Step 20:** Have the participant take a deep breath and hold it in for 5 seconds and slowly release through the nose. Repeat this step five times.

**Step 21:** Have the participant take an inventory of the upper body including shoulders, chest, arms and fingers. If they still feel any stress and/or tension, take a deep breath in and release. If the participant is still experiencing tension in their upper body have them repeat the previous relaxation steps.

**Step 22:** Have the participant flex their buttocks. Hold for 5 seconds and release. Take a deep breath in and release slowly.

**Step 23:** Have the participant bring their legs in towards the chair and raise them slightly to flex their thighs. Hold for 5 seconds and release. Take a deep breath in and release.

**Step 24:** Have the participant pull their feet up, toes towards their legs, while keeping the legs in a vertical position to flex their lower legs. Hold for five seconds and release. Take a deep breath in and release slowly.

**Step 25:** Have the participant raise their legs slightly off the ground and flex their feet down towards the ground. Hold for 5 seconds and release. Take a deep breath in and release slowly.

**Step 26:** Have the participant take a deep breath and hold it in for 5 seconds and slowly release through the nose. Repeat this step five times.

**Step 27:** Have the participant take an inventory of the lower body, buttocks, thighs, lower legs and feet see if they still feel any stress in that part of their body. Take a deep breath in and release. If the participant is still experiencing tension in their lower body have them repeat the previous relaxation steps.

**Step 28:** To finish the guided relaxation, have the participant evaluate the relaxed state of their body and identify if there are any parts that are still tense. If the participant is still tense have the participant repeat the relaxation for that muscle group.
Exercise C.2: Quick Relaxation Steps

Quick Relaxation

This exercise is meant for participants to complete on their own.

This quick guide to relaxation is meant for you to use when you need to quickly release the tension from your body. It is recommended to do this before going to bed each night as stress can cause sleep to be delayed or disturbed.

**Step 1** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 2** – Make a fist with both hands. Hold for 10 seconds, then relax.

**Step 3** – Tighten your biceps by pulling your forearms up to your shoulders and flex the muscles with both arms. Hold for 10 seconds, then relax.

**Step 4** – Tighten your triceps by holding out your arms in front of you elbows down, arms tight. Hold for 10 seconds, then relax.

**Step 5** – Tense the muscles in your forehead by raising your eyebrows as high as you can, or try to look very surprised. Hold for 10 seconds then relax.

**Step 6** – Tense the muscles around your eyes by closing your eyes tight imagine you are trying to squish your eyebrows and cheeks together. Hold for 10 seconds, then relax. Imagine the feeling of deep relaxation spreading all over your eyes and face.

**Step 7** – Open your jaw as wide as possible, like a lion yawning. Hold for 10 seconds, then relax.

**Step 8** – Tighten the muscles in the back of your neck by pulling your head back, as if you were going to touch your head to your back. Hold for 10 seconds, then relax.

**Step 9** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 10** – Tighten your shoulders by trying to touch your ears with them. Hold for 10 seconds, then relax.

**Step 11** – Tighten the muscles in your shoulder blades by pushing your shoulder blades back, if you need to bend over slightly while doing this. Hold for 15 seconds then relax.

**Step 12** – Tighten the muscles of your chest by taking in a deep breath. Hold for 10 seconds then relax.

**Step 13** – Tighten your stomach muscles by sucking your stomach in. Hold for 15 seconds, then relax.

**Step 14** – Tighten your lower back by sticking your chest out and arching your back slightly. Hold for 15 seconds, then relax.
**Step 15** – Tighten your buttocks by clenching. Hold for 10 seconds then relax.

**Step 16** – Squeeze the muscles in your thighs as if you are about to jump. Hold for 10 seconds then relax.

**Step 17** – Tighten your calf muscles by curling your toes towards you. Hold for 10 seconds then relax.

**Step 18** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 19** – Mentally scan your body for any left-over tension. If any muscle group remains tense, repeat the exercise for those muscle groups.
Component C:

Motivation and Self-Management
Component C: Overview

Introduction: This component contains three sections pertaining to sleep hygiene. Good sleep hygiene practices are very important and beneficial skills for reintegrating offenders to have. Sleep refreshes the mind and body so that one can go about their day in a productive manner.

Purpose and Rationale: The purpose of this component is to educate reintegrating offenders on the importance of motivation and self-management. This is accomplished through two sections.

1. The first section being a psychoeducational section that will help reintegrating offenders understand the importance of motivation and the stages of change. Furthermore this section details how to progress through the stages of change in safe and healthy way.

2. The second section being a self-management section that will help reintegrating offenders realize they are in control of reaching their goals. This section includes the SMART goals system as a practical guide to goal setting.

By increasing insight into motivation and self-management, reintegrating offenders can increase their chances of successfully completing positive goals that they will set for themselves. It is assumed that by educating reintegrating offenders about motivation and self-management will contribute to more successful community reintegration.

Time Scale for Component:

Section A: Motivation – Approximately 10 minutes

A.1: My Current Stage and Plans ........................................................................................... p. 58

Section B: Self-Management – Approximately 20 minutes

B.1: My Self-Management Plans ............................................................................................ p. 59
B.2: Making a Goal a SMART-Goal ...................................................................................... p. 61
Section A: Motivation

Getting motivated involves more than just doing the tasks, it is about understanding why you are doing what you are doing. Sometimes we all get stuck in a way of thinking that limits us. We have a hard time shaking off that negative way of thinking. It usually sounds like this:

- Why should I change? I’m fine the way I am.
- It has worked for me before.
- Don’t tell me what to do.
- Why should I?
- My way works well enough for me and that’s all I need.

This line of thinking is the start of the problem. It is easy to get caught in this trap if you do not have a clear understanding of why you are doing what you are doing.

The PowerPoint presentation, to be presented here, can be requested from the Team Leader.

The facilitator will now take you through a short slide show presentation on the stages of change. While listen to the presentation try and see where you may fit in the stages of change.

Exercise A.1: My Current Stage and Plans

Below identify the stage that you are currently in, your plans to change and where you would like to be.

Current Stage:______________________________________________________________

Where I want to be:__________________________________________________________

Plans to help me get to where I want to be:________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Setting goals can be hard without the motivation to start. The exercise you just completed is the beginning of setting a goal. This motivation to start a personal project on yourself will take motivation and the ability to self-manage. The next section will help you understand self-management.
Section B: Self-Management

Self-management is a very important skill to have. Being a self-manager means to be in control of yourself, including your thoughts, feelings, emotions and behaviours. Many people have a hard time in doing this well, here are some ways that being a good self-manager can help you:

- Creating and following through with goals
- Handling unexpected situations calmly
- Cope in a positive way with difficulties
- Make solid choices that help you move in the right direction

Exercise B.1: My Self-Management Plans

I can self-manage in the following ways:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Now that you have identified ways in which you can become a self-manager, you need to take a look at breaking down the problems you will begin to manage.

My current stresses are:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

My future plans are:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
My options to achieve my plans are:

1. 

2.

3.

Setting goals is an important step in self-managing, but it can be hard to figure out if a goal is worth your time and effort. The following exercise will help you with this.
Goal Setting

Setting goals is the best way to get where you want to be. Since setting goals can be difficult, you can use the following SMART system to set goals that are: Specific, Measureable, Attainable, Realistic, and Timely. This smart system is a clear way of breaking down goals to identify how to best accomplish them. These tips will help you when you are writing your goals:

- Make sure that your goals only focus on one thing at a time
- Write goals in a positive light instead of a negative light
- Make short-term goals, short-term goals can be smaller chunks of your long-term goals
- Review your goals often to make sure you are still on the right track

The SMART Goals System

*Exercise B.2: Making a Goal a SMART-Goal*

Think of a sleep or stress-related goal you have. Use the worksheet below to help you turn your goal into a SMART goal.

**Specific:**
This is what I want to accomplish:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This is what I am going to do:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This is how I will do it:

______________________________________________________________________________
______________________________________________________________________________

**Measurable:**
This is how I will measure my goal:

______________________________________________________________________________
______________________________________________________________________________
I will know my goal has been completed when:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Attainable:**

Is my goal challenging or not challenging enough? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Will I be able to attain my goal? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

These are the actions I will have to take to attain my goal:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Realistic:**

Can I complete my goal with my current resources? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

These are the resources I will need to attain my goal:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is my goal relevant to my life and my future plans? Explain.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I want to reach this goal because:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Timely:**

My goal will take (time frame) to complete:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I think this is reasonable because:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Now that you have broken down your goals, combine your SMART sections to make a final goal statement.

**Final Goal Statement:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Component D:

Feedback Survey
Component D: Overview

**Introduction:** This component contains the participant survey. Feedback from participants will assist in improving the manuals’ efficiency, efficacy and economy. Participants will be asked to complete a one page survey at the conclusion of the intervention program.

**Purpose and Rationale:** The purpose of this component is to gather feedback from participants based on their experiences with the treatment program. The feedback will be collected anonymously and only after the participants have completed the program. This feedback will serve to improve the manuals’ for use with future clients. By increasing insight into what we can do to improve we are making the process more efficient and effective.

**Time Scale for Component:**

Section A: Participant Survey – Approximately 20 minutes

A.1: Participant Survey.................................................................p. 66
Instructions

After a participant or group of participants have completed the intervention program, the survey will be administered. This survey is anonymous and therefore you will instruct the participants to not write their names on the survey. Ensure each participant fills out one survey and retain it for future use when revising the manuals. The survey is provided in electronic format and can be requested from the Team Leader or if the Team Leader is unavailable, photocopy the next page.
## Participant Survey

Date:____________________                                       Facilitator(s):_______________________

Circle the best answer                     Strongly Agree | Neutral | Strongly Disagree

1. I understood all the material.           5 | 4 | 3 | 2 | 1
2. The material was helpful.               5 | 4 | 3 | 2 | 1
3. I understood the exercises.              5 | 4 | 3 | 2 | 1
4. The exercises were helpful.              5 | 4 | 3 | 2 | 1
5. I understood the facilitator.            5 | 4 | 3 | 2 | 1
6. The facilitator was helpful.             5 | 4 | 3 | 2 | 1
7. The pace of the sessions was good.       5 | 4 | 3 | 2 | 1
8. I benefited from the sessions.           5 | 4 | 3 | 2 | 1
9. My sleep has improved.                   5 | 4 | 3 | 2 | 1
10. My thoughts and feelings were valued.    5 | 4 | 3 | 2 | 1

Overall my experiences with this manual were:________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

To improve the quality of the sessions I suggest that:___________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What I liked the most was:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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References


Appendix C: Participant’s Manual
Participant’s Manual

Sleep and Stress Help Workbook

Developed by: Adam Legroulx
Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College
2014

4This manual was designed to be used only by the community corrections agency that participated in this thesis. Permission must be obtained by the author, Adam Legroulx, at a.legroulx@hotmail.com if others wish to use it.
Component A:

Sleep Hygiene
Section A: What is Sleep Hygiene?

Your sleep is very important. Without it, you would not be able to do much of anything. Sleep recharges your brain and body for the next day. However, sleeping does much more than just recharge your brain and body for the next day. Here are some ways that a good night’s sleep can benefit you:

- Replaces lost energy from the day before
- Helps keep you happy
- Relaxes your body

Without sleep, your body and brain cannot work like they are supposed to. Just like a car, they need fuel and care. It matters what you do to your body and what you put into it. This is where sleep hygiene comes into play.

**What Sleep Hygiene is:** Sleep hygiene is a combination of things you do before you go to sleep at night. The things you do during the day also play a part in how sleep hygiene works. Let’s make a list of the things you think affect your sleep.

*Exercise A.1: Things that Affect my Sleep*

These are the things that I think affect my sleep:

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________
5. ______________________________________________________
6. ______________________________________________________
7. ______________________________________________________

Which ones do you think affect your sleep in a positive way? Which ones do you think affect your sleep in a negative way?
Good Sleep Hygiene Practices

Now that you have your list of things that you think affect your sleep, you need to know which ones are affecting you in a positive way. The list below identifies good sleep hygiene practices. Some of the items on the list are things you need to adjust to make them work for you, others are things you may need to start or stop depending on what your habits are. Good Sleep Hygiene Practices are:

**Adjust your Room Temperature:** This sounds simple but it often gets forgotten. If your body is too cold or too hot you will have trouble getting to sleep or staying asleep. If your thermostat is in your bedroom then you can adjust this easily, if not then here are some helpful ways to get comfortable:

<table>
<thead>
<tr>
<th>Too Cold</th>
<th>Too Hot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Try sleeping under the covers</td>
<td>Remove the covers or blankets</td>
</tr>
<tr>
<td>Wear socks to bed</td>
<td>Change to thinner clothes to sleep in</td>
</tr>
<tr>
<td>Ask your landlord to turn on/up the heat</td>
<td>Ask your landlord to turn off/down the heat</td>
</tr>
<tr>
<td>Close the window</td>
<td>Open the window</td>
</tr>
</tbody>
</table>

**Keeping Things Quiet:** Trying to sleep when there is too much noise is frustrating. Whether it is the TV left on or your cellphone going off, these things are going to affect your sleep in a negative way. Some good strategies are to remember to turn off your electronics like your TV, cellphone, and laptop. For some things that you can’t control, like the neighbour’s dog barking or a lot of traffic on the street, you may want to try are:

- Wearing ear plugs to sleep
- Closing the window
- Listening to soothing music at low volume (this is not for everyone)

**Light Control:** We generally work during the day and sleep at night. We need the light to see the work we are doing, but at night we sleep. It is much easier to sleep with lights off and the room dark. Some helpful strategies are:

- Sleeping facing away from windows
- Using blackout curtains
- Closing the blinds or curtains at night
- Turn off your cell phone and other devices such as, iPads

**Limiting Caffeine Intake:** While drinking coffee and other caffeinated drinks may help us wake up in the morning, they also keep our brains and bodies awake at night. Trying to go to sleep after a coffee is not going to work very well. It is highly recommended that you stop drinking any coffee, tea, soda, or energy drinks at least 4 hours before bed. Switching to decaf tea and coffee in the evenings is a good way to still enjoy a hot drink in the evening without keeping you up all night.
Meal Times and Types: Eating healthy is always a good idea, it helps our bodies stay healthy, lose weight and gives us the energy to get through the day. Eating right also helps with getting a good night’s sleep. Eating at the right time and eating the right food can make your sleep much better. A few things to remember are:

- Not eating large amounts of food before bed
- Avoid eating a lot of complex carbs, like potatoes and rice
- Snacks are ok, just in moderation
- Eating in the middle of the night can cause other sleep problems such as nightmares

Exercise: Just like meals, there is a right time and wrong time for a work-out. Exercising is important to stay healthy and fit, but it also plays a part in how you sleep. After working out or going for a run, most people get a second-wind or a burst of energy, this is sometimes called runners’ high. This happens when you work out and use a lot of energy quickly. Doing this just before bed is not a good idea. This burst of energy can make it difficult to sleep. The best times to work out are a) shortly after a meal and b) mid-afternoon. Working out at these times gives your body time to cool down and relax before sleep.

Sticking to a Schedule: Going to bed at the same time and getting up at the same time is what you did as a kid, and many people find that it works! By putting your sleep on a schedule and sticking to it you get into a routine that your body can depend on. This does not mean you need to go to sleep at 10:00 p.m. and wake up at 6:00 a.m. everyday (very few people find this works) you may need more or less sleep depending on your body. Eight hours of sleep is an average, it is not the magic number to try and get.

Relaxation Techniques: Taking the time to make sure your body is relaxed before going to bed is an important step in getting a good night sleep. Here are a few suggestions:

- Deep Breathing
- Muscle Relaxation
- Light stretching
- Meditation
- Yoga

White Noise: Some people, mostly those who have lived in big and busy cities, have found they cannot sleep without some white noise to help them. If you have ever lived by a busy street or train track then you know that the sound can get irritating, but after a while the sound does not bother you. This is called habituation. It means you got used to the noise and now it longer bothers you. If you have moved away from the busy street or train track, you may notice that you have trouble getting to sleep. It is because you were used to the sound and now need it to get to sleep. The best way around this is to turn your radio on low and place the tuning between 2 stations so it picks up nothing but static.

Some techniques will work well for some but not for others; try them all to see which ones will work best for you. Now that you have an idea of what good sleep hygiene practices are, let’s take a look at the bad sleep hygiene practices.
Bad Sleep Hygiene Practices

The list below identifies bad sleep hygiene practices. Some of the items on the list are things you need to adjust to make them work for you, others are things you may need to lessen or stop depending on what your habits are. Bad Sleep Hygiene Practices are:

Watching the Clock: Watching the clock at night to fall asleep is one of the worst things to do. You’re focusing on the time, worrying that you will not get enough sleep, meaning you will be tired and not as functional during the day. This can be more draining than going to bed later. Some useful strategies are:

- Turning the clock away from your view
- Dim the display if possible

Bad Scheduling: having an unpredictable sleep schedule can make getting a good night sleep difficult. Your body becomes unsure if it really is time to rest or if you will be doing something else. Keeping a regular schedule of going to bed and getting up at the same times can really make a big impact on how rested you are.

Nicotine: Nicotine, like caffeine is a stimulant. Taking stimulants before bed will keep you awake longer and you may find yourself unable to sleep or worse – doing things like watching the clock. Another problem with smoking is that it creates a habit of bad scheduling. Most smokers need a cigarette every few hours. If you are waking up to have a smoke every few hours then you are interrupting your sleep. Broken or interrupted sleep is not as effective at recharging your body for the next day. It is recommended that you stop smoking, or at least stop smoking 4 hours before going to sleep.

Staying in Bed While Awake: Your bed is designed for sleep, so when you are not going to be sleeping it makes sense to be out of bed. If you are lying awake in bed and have difficulty sleeping, it is recommended to get up out of bed and do something. Your brain will begin to connect being awake with your bed and make it more difficult to get to sleep. Below are some do’s and don’ts of activities for this situation:

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get up and sit in a chair and read a book</td>
<td>Read in bed</td>
</tr>
<tr>
<td>Get up and sit in a chair and watch TV</td>
<td>Watch TV in bed</td>
</tr>
<tr>
<td>A crossword at the table/desk</td>
<td>Go for a smoke</td>
</tr>
<tr>
<td>Your dishes</td>
<td>Lay in bed and wait for sleep</td>
</tr>
</tbody>
</table>

Now write down some of the strategies you have used that would be good to include, good or bad. You can work with a partner if you like.
Exercise A.2: Things to Do and Not to Do While Restless

Do’s | Don’ts
---|---

Reading and Watching TV: these are things that many people do when they cannot sleep. They can work for some, but they can also make sleep harder to get. If you find that you cannot sleep and want to watch TV, the best way to do it is to sit in a chair away from your bed and watch TV. The same goes for reading. If you do these things while in bed, your brain will think that sleep is not important while in bed and will have difficulty getting to sleep or even staying asleep. Your brain needs routine and schedules to keep it balanced. Changing the routine or schedule can affect how your brain and body react to a situation.

Exercise A.3: Identifying the Problems

Below, write which good sleep hygiene practices and which bad sleep hygiene practices you are currently using. Also write down any that were not brought up.
Exercise A.4: What Changes do I Need to Make?

Below, describe the changes you think you need to make to the sleep hygiene practices you currently use.
Section B: Sleep Hygiene Index

Exercise B.1: Sleep Questionnaire

Circle the best answer for each question.

1. I take daytime naps lasting 2 or more hours.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

2. I go to bed at different times from day to day.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

3. I get out of bed at different times from day to day.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

4. I exercise to the point of sweating within 1 hour of going to bed.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

5. I stay in bed longer than I should 2 or 3 times a week.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

6. I use tobacco or caffeine within 4 hours of going to bed or after going to bed.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

7. I do something that may keep me awake before bedtime (for example: play video games, use the internet, or clean).
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

8. I go to bed feeling stressed, angry, upset, or nervous.
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never

9. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study).
   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never
10. I sleep on an uncomfortable bed (for example: poor mattress or pillow, too much or not enough blankets).

Always       Frequently       Sometimes       Rarely       Never

11. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy).

Always       Frequently       Sometimes       Rarely       Never

12. I do important work before bedtime (for example: pay bills, schedule, or study).

Always       Frequently       Sometimes       Rarely       Never

13. I think, plan, or worry when I am in bed.

Always       Frequently       Sometimes       Rarely       Never
Section C: Homework

Now that you know what sleep hygiene is and what you can do about correcting it, where do you start? How do you start? The answer is different for everyone. Here is a tracking sheet to help you figure out what exactly is going on and where you can make changes.

*Exercise C.1: Sleep Log*

<table>
<thead>
<tr>
<th>DAY of the WEEK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Which night is being reported on?</td>
<td></td>
</tr>
</tbody>
</table>

1. I went to bed at (clock time):

2. I turned out the lights after (minutes):

3. I fell asleep in (minutes):

4. I woke up ___ time(s) during the night. (number of awakenings):

5. The total duration of these awakenings was (minutes):

6. After awakening for the last time, I was in bed for (minutes):

7. I got up at (clock time):

The quality of my sleep was

1 = very poor; 10 = excellent

<table>
<thead>
<tr>
<th>Naps</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number, time and duration</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleep medication</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time, amount, type</td>
<td></td>
</tr>
</tbody>
</table>

The sleep log is designed to help you figure out why your sleep is not the best sleep you can be getting. Here is a breakdown of the sleep log and how to fill it out.
Sleep Log Instructions

**Box 1: Day of the Week:** The top row, where “Day of the Week” is labelled, is the day you are reporting on. For example if you are doing the report on Tuesday morning you would write Monday in the box, because you are reporting on Monday night’s sleep. You will always be reporting on the day before.

**Box 2: Bed Time:** In this box you need to record the time you went to bed at. It is ok if you are not exact with this number, watching the clock is not something you should be doing. Do no forget to record a.m. or p.m.!

**Box 3: Lights Out:** This box is for when the lights were turned off. You need to record this as how many minutes after you went to bed, that the lights were turned off. For example you go to bed at 10:30 p.m. and turn the lights out at 10:32 p.m. you would write “2” in the box.

**Box 4: Sleep Start:** This box is for when you fell asleep. Since you can’t be 100% sure as to when you fell asleep use your best guess. For example if you went to bed at 10:30 p.m. and fell asleep around 11:15 p.m. you would write “45” in the box.

**Box 5: Number of Awakenings:** This box is for the number of times you woke-up during the night. Use your best guess and write the number in the box.

**Box 6: Amount of time Awake:** This box is for the total number of minutes you were awake for throughout the night. For example if you had 2 awakenings of 10 minutes each you would write 20 in the box.

**Box 7: End Phase:** This box is for the amount of time you were in bed sleeping between your last awakening of the night and when you got up to start your day. For example if you awoke at 4:30am for 10mins and started your day at 6:00 p.m. you would write 80 in the box.

**Box 8: Wake Time:** This box is for the clock time of when you got up to start your day. Again do not forget to record a.m. or p.m.!

**Box 9: Sleep Quality:** This box is for the quality of your sleep. If you had a very bad night you would write 1, if you had the best sleep of your life you would write 10. Always use whole numbers, if you are stuck somewhere between 6 or 7 for example, write 6.

**Box 10: Naps:** This box is for you to record the number of naps during your day and the length of time they lasted for as well as the time you started your nap. For example you lay down at 4:30 p.m. for a nap that lasted for an hour, you would write 1 nap, 4:30 p.m. – 5:30 p.m., 60 minutes.

**Box 11: Tobacco:** This box is for how many smokes you had during the day. For the purposes of this log, we are going to assume that a smoke takes 10 minutes to finish.

**Box 12: Sleep Medication:** This box is for you to record when you took a sleeping medication, the amount you took, and the type. For example if you take 100mg of Seroquel at 8:00 p.m., you would write 1 pill, 100mg, Seroquel 8:00 p.m.
At the end of each week, hand in your completed sleep log to the facilitator. They will mark the log and track your improvements and deteriorations.
Component B:

Stress Management
Section A: Stress Reduction & Coping Skills Training

Stress can have some very serious effects on your brain and body. Stress can cause health concerns, mental health concerns and even trigger your behaviour. To better understand how stress affects you try filling out the exercise below.

Exercise A.1: Stress Identification

1. ____________________________________________stresses me out the most.

2. When _________________________________________ happens, I usually ________________
   ________________________________________________________________________________

3. To deal with my daily stress I try to ______________________________
   ________________________________________________________________________________

4. My stress makes me feel ____________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

5. A better way to deal with my stress would be____________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

Now that you are more aware of what your stressors are and how you current deal with them; take a look at the next exercise about coping.

Exercise A.2: Coping Skills

Coping skills are important because they help you deal with stress, but not all coping skills are good ones. On your own or with partners make a list of 5 coping skills that you use to help deal with stress.

1. ________________________________________________________________________________

2. ________________________________________________________________________________

3. ________________________________________________________________________________

4. ________________________________________________________________________________

5. ________________________________________________________________________________
Appropriate Stress Coping Behaviours

Many people find that doing certain things helps them to cope with stress. Here are some descriptive examples of good stress coping behaviours, and some examples of bad stress coping behaviours.

Problem Solving: this stress coping behaviour is a good one to use as it allows you to explore why the stress is affecting you in a negative way. Problem solving skills are useful because they can be used in many different situations. Working on solving a problem on your own also gives you the confidence to try to solve more problems on your own in the future.

Problem solving takes time; it is not an overnight fix. Try not to get discouraged if your problem takes more than a few tries to solve. Practice can only help you.

Talking it out: Discussing things with a counsellor, family member or friend can really be helpful, just getting things off your chest and having someone else give you some advice can be very helpful. The downside can be that you may become dependent on them or they may feel used by you. To avoid this, it is recommended that you try to solve things on your own first, then seek help. This way, you have already tried your own and can show what efforts you have already put towards finding a solution.

Leisure: this stress coping behaviour is useful, but it can also be harmful. When you abuse your free time you find yourself wasting valuable time that could be spent on another task. Having some down time to read or watch TV is good, but do not forget to get your other tasks done before you relax. Everything in moderation!

Work-outs: going for a run or going to the gym may help you de-stress but if you do this too often you may cause injury from straining your body. Your body can only handle so much, remember to rest and not push yourself too far too fast.

Eating: this stress coping behaviour may seem like a good thing, you have to eat to survive so why not have a snack or make a meal when you are stressed? You can very easily fall into a pattern of eating when stressed; if you have a lot of stress then you may gain a lot of weight, which may mean spending more money on food, causing financial stress.

Smoking: this coping strategy may help relieve your stress quickly but remember you are damaging your body. By relying on smoking to ease your stress you are doing more damage later. In addition to the damage to your body you are also negatively affecting your budget. More smoking = more money spent on cigarettes. Smoking also disturbs your normal sleep pattern, which can also cause more stress later.
Exercise A.3: Stress Coping Behaviours Plan

Now that you have an idea of what stress coping behaviours you use and which ones you should avoid, write down a stressful situation where you can use a good stress coping behaviour to help you.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Section B: Grounding Techniques

A grounding technique is a way to keep you from drifting. Counsellors and therapists use them to keep their clients focused. Generally, a grounding technique involves using an item, called your totem, and by holding it during a high stress time or during when you feel troubled, you can focus on it and bring yourself back under your own control.

When selecting a totem it is best to do the following:

- Choose a totem that you can carry with you at all times, like a ring or a necklace.
- Your totem must be small enough to hold in your hand
- It is best to choose something that makes you feel happy

Some examples of easy-to-use totems are:

- Paperclips
- Small Stones
- Elastic Bands
- Necklaces
- Rings
- Keys

The best totems are things you a) already own and b) do not cost much. A box of paperclips is a box of totems; when you lose one you can simply get another. Totems are not something to get attached to; this is why they should not cost much.

Exercise B.1: Totem Planning

Describe below what you think would make a good totem, why it would make a good totem and how you would use it.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Section C: Relaxation Techniques

This section will help you learn to relax your whole body. There are two parts:

- *Guided Relaxation* – You will be lead through this by a facilitator
- *Quick Relaxation* – You can do this on your own when you feel you need it

**Exercise C.1: Guided Relaxation**

**The Guided Relaxation**

Please follow the instructions of the facilitator for this exercise; the short version is listed for you below.

*If you feel uncomfortable at any time please let the facilitator know immediately!*
**Exercise C.2: Quick Relaxation Steps**

**Quick Relaxation**

This quick guide to relaxation is meant for you to use when you need to quickly release the tension from your body. It is recommended to do this before going to bed each night as stress can cause sleep to be delayed or disturbed.

**Step 1** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 2** – Make a fist with both hands. Hold for 10 seconds, then relax.

**Step 3** – Tighten your biceps by pulling your forearms up to your shoulders and flex the muscles with both arms. Hold for 10 seconds, then relax.

**Step 4** – Tighten your triceps by holding out your arms in front of you elbows down, arms tight. Hold for 10 seconds, then relax.

**Step 5** – Tense the muscles in your forehead by raising your eyebrows as high as you can, or try to look very surprised. Hold for 10 seconds then relax.

**Step 6** – Tense the muscles around your eyes by closing your eyes tight imagine you are trying to squish your eyebrows and cheeks together. Hold for 10 seconds, then relax. Imagine the feeling of deep relaxation spreading all over your eyes and face.

**Step 7** – Open your jaw as wide as possible, like a lion yawning. Hold for 10 seconds, then relax.

**Step 8** – Tighten the muscles in the back of your neck by pulling your head back, as if you were going to touch your head to your back. Hold for 10 seconds, then relax.

**Step 9** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 10** – Tighten your shoulders by trying to touch your ears with them. Hold for 10 seconds, then relax.

**Step 11** – Tighten the muscles in your shoulder blades by pushing your shoulder blades back, if you need to bend over slightly while doing this. Hold for 15 seconds then relax.

**Step 12** – Tighten the muscles of your chest by taking in a deep breath. Hold for 10 seconds then relax.

**Step 13** – Tighten your stomach muscles by sucking your stomach in. Hold for 15 seconds, then relax.

**Step 14** – Tighten your lower back by sticking your chest out and arching your back slightly. Hold for 15 seconds, then relax.

**Step 15** – Tighten your buttocks by clenching. Hold for 10 seconds then relax.
**Step 16** – Squeeze the muscles in your thighs as if you are about to jump. Hold for 10 seconds then relax.

**Step 17** – Tighten your calf muscles by curling your toes towards you. Hold for 10 seconds then relax.

**Step 18** – Take 3 deep breaths, hold each breath for 5 seconds then exhale slowly each time, imagining the tension leaving your body.

**Step 19** – Mentally scan your body for any left-over tension. If any muscle group remains tense, repeat the exercise for those muscle groups.
Component C:

Motivation and Self-Management
Section A: Motivation

Getting motivated involves more than just doing the tasks, it is about understanding why you are doing what you are doing. Sometimes we all get stuck in a way of thinking that limits us. We have a hard time shaking off that negative way of thinking. It usually sounds like this:

- Why should I change? I’m fine the way I am.
- It has worked for me before.
- Don’t tell me what to do.
- Why should I?
- My way works well enough for me and that’s all I need.

This line of thinking is the start of the problem. It is easy to get caught in this trap if you do not have a clear understanding of why you are doing what you are doing.

The facilitator will now take you through a short slide show presentation on the stages of change. While listen to the presentation try and see where you may fit in the stages of change.

Exercise A.1: My Current Stage and Plans

Below identify the stage that you are currently in, your plans to change and where you would like to be.

Current Stage: ________________________________________________________

Where I want to be: ______________________________________________________

Plans to help me get to where I want to be: _________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Setting goals can be hard without the motivation to start. The exercise you just completed is the beginning of setting a goal. This motivation to start a personal project on yourself will take motivation and the ability to self-manage. The next section will help you understand self-management.
Section B: Self-Management

Self-management is a very important skill to have. Being a self-manager means to be in control of yourself, including your thoughts, feelings, emotions and behaviours. Many people have a hard time in doing this well, here are some ways that being a good self-manager can help you:

- Creating and following through with goals
- Handling unexpected situations calmly
- Cope in a positive way with difficulties
- Make solid choices that help you move in the right direction

Exercise B.1: My Self-Management Plans

I can self-manage in the following ways:

1.____________________________________________________________________________
2.____________________________________________________________________________
3.____________________________________________________________________________

Now that you have identified ways in which you can become a self-manager, you need to take a look at breaking down the problems you will begin to manage.

My current stresses are:

1.____________________________________________________________________________
2.____________________________________________________________________________
3.____________________________________________________________________________

My future plans are:

1.____________________________________________________________________________
2.____________________________________________________________________________
3.____________________________________________________________________________
My options to achieve my plans are:

1.____________________________________________________________________________

2.____________________________________________________________________________

3.____________________________________________________________________________

Setting goals is an important step in self-managing, but it can be hard to figure out if a goal is worth your time and effort. The following exercise will help you with this.
Goal Setting

Setting goals is the best way to get where you want to be. Since setting goals can be difficult, you can use the following SMART system to set goals that are: Specific, Measurable, Attainable, Realistic, and Timely. This smart system is a clear way of breaking down goals to identify how to best accomplish them. These tips will help you when you are writing your goals:

- Make sure that your goals only focus on one thing at a time
- Write goals in a positive light instead of a negative light
- Make short-term goals, short-term goals can be smaller chunks of your long-term goals
- Review your goals often to make sure you are still on the right track

The SMART Goals System

Exercise B.2: Making a Goal a SMART-Goal

Think of a sleep or stress-related goal you have. Use the worksheet below to help you turn your goal into a SMART goal.

Specific:
This is what I want to accomplish:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This is what I am going to do:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This is how I will do it:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Measurable:
This is how I will measure my goal:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
I will know my goal has been completed when:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Attainable:**

Is my goal challenging or not challenging enough? Explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will I be able to attain my goal? Explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

These are the actions I will have to take to attain my goal:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Realistic:**

Can I complete my goal with my current resources? Explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

These are the resources I will need to attain my goal:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is my goal relevant to my life and my future plans? Explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I want to reach this goal because:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Timely:**

My goal will take (time frame) to complete:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I think this is reasonable because:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Now that you have broken down your goals, combine your SMART sections to make a final goal statement.

**Final Goal Statement:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________