Increasing Quality of Sobriety in Women with a Substance Use Disorder through a Self-Care Information Session

by

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DEDICATION

This study is dedicated in loving memory of my Poppa Alvin Holtom. My poppa passed away in September of 2013 while I was completing my fourth year placement after losing his battle with Alzheimer’s. Poppa will always hold a special place in my heart as he influenced my life in so many ways. He was a kind, generous man who dedicated every moment of his life to being a loving father, husband, and grandfather. Poppa always had a smile on his face and found happiness in all of the small things in life. Over the past few years I have watched him progress through his Alzheimer’s having to observe many heartbreaking moments where he was unable to remember how to do a number of the things he had done all of his life. Poppa’s wish was for others to never have to endure the sadness, loss, and hardships associated with mental illness that he had to experience. He believed in me and was supportive of my dreams for the future. The journey I embark upon and the career paths I choose will be in memory of my Poppa. In the future I will be dedicating my education, skills, and passion for helping others to providing assistance and hope to individuals and families directly affected by mental illness with Poppa guiding me along the way.

I will always miss you Poppa but you are a big part of the reason why I have made it to where I am today. Love always, Lindsay.
Abstract

According to Scott and Happel (2011) the prevalence of individuals diagnosed with a mental illness and co-occurring physical disorder has become an area of concern for health practitioners as the mortality rate for these individuals is five times higher than the general population. Causes of these concerns include a deficiency in dietary quality and insufficient levels of engagement in physical activity. This study assessed the effectiveness of self-care information sessions and a booklet to increase the frequency of engagement in self-care behaviours and the participants recognition of positive thoughts and feelings. The participants were 10 females, aged 22 to 56, with a dual diagnosis of posttraumatic stress disorder (PTSD) and substance use disorder. Two one-hour self-care information sessions were presented, for two consecutive weeks, and followed the topics presented in the self-care information booklet. The first information session presented a summary of the material within the self-care information booklet, and the second session elaborated on the material in further detail. Topics covered in the information session and booklet included the relationship between PTSD and addiction, physical activity, healthy eating, hydration, smoking, sleep, meditation/relaxation, and self-esteem building. The participants’ frequency of engagement in self-care and their associated responses/feelings to those behaviours were assessed before the self-care information sessions began, after the first session, and after the second session. A visual analysis was completed of the group means and standard deviations. From baseline to the end of week two of intervention there was an increase in self-care and associated responses/feelings for all 10 participants. The results suggested that the self-care information sessions and booklet could be an effective resource to increase self-care behaviours in individuals with a dual diagnosis. Recommendations for future research would include monitoring behaviour on a short and long term basis to determine if the results would be maintained over a longer duration.
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Chapter I: Introduction

Overview

Individuals who have been exposed to trauma are at a heightened risk for addiction, as the correlation between post-traumatic stress disorder (PTSD) and addiction is shown to be as significant as .80 (Boriskin, 2004). Within a treatment setting, on average 33% of clients recovering from addiction also have a diagnosis of co-occurring PTSD. In a number of cases, abuse is inflicted on an individual with this concurrent disorder by someone who was abused in the past themselves or was under the influence of a mood altering substance (Evans & Sullivan, 1994). The high-risk hypothesis suggests that the lifestyle of a substance abuser often entails entering dangerous environments to obtain substances, which places that individual at risk for experiencing trauma (McCauley, Killeen, Gros, Brady, & Back, 2012).

The use of mood altering substances enhances feelings of depression and anxiety, which causes difficulties in learning new skills to cope with the trauma (Evans & Sullivan, 1994). Evidence supports the idea that trauma cues present an increase in cravings for an individual’s drug of choice, in which the drug is used to self-medicate the symptoms of PTSD (McCauley et al., 2012). Chronic alcohol and drug abuse causes many life threatening, adverse effects to the gastrointestinal, cardiovascular, and respiratory systems of the body (Jacobs & Ferh, 1987). These effects can be primary such as cirrhosis of the liver, or secondary, emerging in the form of disease as a result of nutritional deficiencies that accompany the abuse of substances. Some women have an unconscious tendency to take care of others at the cost of neglecting themselves (Domar & Dreher, 1996). Self-neglect is an underlying health issue as this trend produces difficulties in physical and emotional well-being. Individuals who live a lifestyle of self-neglect
due to substance abuse have an increased risk for experiencing disease, physical issues, cognitive impairments, chronic fatigue, and a significantly reduced lifespan (Perlman et al., 2010).
Difficulties in physical well-being contribute to women with a dual diagnosis becoming severely obese or underweight (Scott & Happell, 2011).

Women with substance abuse disorder can enhance their recovery process when they practice self-care (Domar & Dreher, 1996). In order for benefits and progress to be seen in recovery, it is of great importance that women receive health education, health promotion, and empowerment of their self-care behaviours (Young, 2011).

**Hypothesis**

If women with a dual diagnosis of PTSD and substance use disorder experience adverse effects to bodily systems and emotional and cognitive impairments due to their substance abuse and unconscious self-neglect, then teaching women to perform self-care in recovery should produce quality sobriety. It was hypothesized that educating individuals about self-care would increase the level of engagement in self-care behaviours, as well as, increase recognition of positive thoughts and feelings about completing those behaviours. Research supports the efficacy of teaching self-care to increase healthy behaviours as a positive disease management technique (Perlman et al., 2010).

A self-care information package was designed in a manner that supported the hypothesis and covered the following topics: physical activity, healthy eating, hydration, sleep, smoking, meditation/relaxation, hobbies, and self-esteem building.

**Rationale**

Currently, there is limited information available to women with a dual diagnosis to provide guidance through the process of understanding self-care. These women agree that self-
care is important, however they may not know how to change their patterns of self-neglect. Providing education through a self-care information session can produce an interactive learning environment and allow individual’s the opportunity to view self-care in a way that seems attainable in their recovery programs. By teaching women with a dual diagnosis about the health consequences of long-term drug use and behaviours that can help to repair these consequences, these individuals can enhance their understanding of how to change behaviours of self-neglect into self-care.

Summary

The thesis begins by providing a thorough review of the literature. Topics presented include an overview of the dual diagnosis of PTSD and substance use disorder, and the consequences of living an unhealthy lifestyle. The literature review also provides information regarding self-esteem, the effectiveness of teaching self-care, and the importance of self-monitoring. The following section of the thesis is the method which includes detailed descriptions of the setting and participants, the materials, the design for the self-care package and information session, and the procedures used to implement the study. The final sections of the thesis include the results, displaying a visual analysis of all results obtained throughout the study, and the discussion, outlining an overall summary of the thesis and any strengths or limitations, program changes, and recommendations for future implementation.
Chapter II: Literature Review

Relationship between PTSD and Addiction

The dual diagnosis of PTSD and substance use disorder has become an area of concern in regards to individuals who abuse substances (Torchalla et al., 2013). Wormer and Davis (2008) define addiction as a “physiological and psychological dependence on a behaviour or substance” (p. 9). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has combined the definitions of substance abuse and dependency to create a new term titled substance use disorder, which classifies each specific substance into separate categories (American Psychiatric Association, 2013). Addiction itself is not the same as substance use disorder, however addictive and ritualistic behaviours are the foundation that substance abuse and dependency are built upon.

Wormer and Davis (2008) define PTSD as “the re-experiencing of an extremely traumatic event that the person has experienced or witnessed, accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma and numbing” (p. 338). The DSM-5 (American Psychiatric Association, 2013) focuses on the behavioural aspects of PTSD including avoidance and re-experiencing negative emotions, negative cognitions such as self-blame, and symptoms of arousal defined by the fight or flight response. In order to recover
from substance use disorder and co-morbid PTSD individuals need to evaluate the emotional and behavioural patterns of avoidance and denial to recover from both diagnoses (Najavits, Gotthardt, Weiss, & Epstein, 2004). This dual diagnosis often represents a prism, in which an individual’s tragic past is evaluated through many different lenses (Najavits & Hien, 2013). PTSD and substance use disorder are accompanied by a number of life problems such as homelessness, violence, and multiple health issues (Najavits et al., 2004). Back et al. (2000) examined individuals receiving treatment for their substance use disorder, and found that the lifetime prevalence for these individuals to develop co-occurring PTSD is as considerable as 60%. Concurrent PTSD and substance use disorder highlight an area of concern when examining the severity of substance abuse within the population diagnosed with this concurrent disorder (Torchalla et al., 2013).

The self-medication hypothesis is supported by the literature as the most commonly used explanation for the dual diagnosis of PTSD and substance use disorder. This hypothesis proposes the idea that exposure to traumatic life events causes psychological distress, and individuals use substances to relieve the stress and other associated symptoms. Individuals attempt to alleviate specific symptoms through their drug of choice, either a central nervous symptom depressant or stimulant (McCauley, Killeen, Gros, Brady, & Back, 2012).

The high risk model suggests that individuals diagnosed with substance use disorder engage in risky behaviours and enter dangerous environments associated with obtaining substances, placing these individuals at an increased risk for experiencing a traumatic event (Torchalla et al., 2013). Externalizing behaviours, such as anger or aggression, demonstrated by individuals diagnosed with PTSD, may be associated with an inability to control their risky behavioural impulses (Haller & Chassin, 2013). In collaboration with the high risk model,
McCauley et al. (2012) propose that individuals with co-morbid PTSD and substance use disorder experience increases in craving for their drug of choice in response to triggers and personalized cues to their traumatic experiences.

The increased susceptibility model proposes that PTSD is more likely to develop in individuals who have been diagnosed with substance use disorder due to impairments in functional and neurobiological areas that are linked to substance abuse, such as a loss of motor...
coordination and memory (Torchalla et al., 2013). In addition to this relationship, early withdrawal symptoms from substances closely resemble symptoms of PTSD, which contributes to the hypothesis of self-medication and reinforces the individual’s cycle of addiction (McCauley et al., 2012). When symptoms associated with PTSD increase, this in turn causes an increase in symptoms of substance use disorder.

**Consequences of Living an Unhealthy Lifestyle**

The prevalence of individuals diagnosed with a mental illness and co-occurring physical illness has become an area of concern for health practitioners (Scott & Happell, 2011). Within the mental health population, the mortality rate for these individuals is 5 times higher than the general population. Causes of death can be attributed to cardiovascular disease, cancer, and respiratory disease. According to Rehm et al. (2010) there is sufficient evidence to support a causal relationship between heavy alcohol consumption and the development of tuberculosis. In addition to tuberculosis, heavy consumption of alcohol has detrimental effects on the immune system, making individuals more susceptible to infections. These diseases are seen to worsen over time due to individuals continuing their maladaptive drinking patterns and disrupting their medication regimens.

According to Scott and Happell (2011) individuals diagnosed with a mental illness are 40 to 60% more likely to develop a metabolic syndrome in comparison to the general population. A metabolic syndrome places individuals at an increased risk for Type II diabetes and cardiovascular disease. The importance of this finding is highlighted by Pagoto et al. (2012) as they state that the mental disorder most commonly associated with the development of binge
eating disorder and obesity is PTSD. Individuals with a diagnosis of PTSD experience a
dysregulation in the secretion of cortisol in the brain. Irregular cortisol levels have been
connected to rapid weight gain during times of stress. Palatable foods, which are known to contain high levels of sugar and salt, serve the same purpose as illicit substances in that they abuse the brain (Brewerton, 2011). Substances and food are seen to serve similar psychological purposes, as they compete for, and affect the same pathways in the brain.

Dietary quality is an area of concern for individuals diagnosed with a mental illness (Scott & Happell, 2011). Research suggests that this population consumes an average of one meal per day, often consisting of foods that are high in fat, sodium, and sucrose. In addition these individuals add salt to foods that are already high in sodium and consume numerous sweetened and carbonated beverages daily. Scott and Happell collected research from 363 patients residing within a residential facility for individuals diagnosed with a mental illness. The results demonstrate that 48% of the patients excluded fruits and vegetables from their diets, and only 5% of patients consumed enough fruits and vegetables daily to meet the Canadian food guide recommendations.

Scott and Happell (2011) noted that 30% of individuals who were diagnosed with a mental illness reported that they currently did not participate in any forms of physical activity. Research suggests that these individuals have lowered and/or skewed perceptions regarding adequate levels of physical activity, which contributes to their reasoning underlying not actively engaging in this behaviour. Mangini (1986) states that the stress associated with being inactive produces higher risk for developing diseases than the stress that comes from direct muscle exertion.
According to Jessup, Dibble, and Cooper (2012) the leading cause of cancer related deaths in women is lung cancer, and 80% of these deaths are a direct result of smoking. Women diagnosed with substance use disorder are at a higher risk for developing severe health issues, as
negative health effects multiply when alcohol, drugs, and tobacco are abused together.

Individuals dually diagnosed with substance use disorder and a mental illness are at risk for experiencing symptoms of depression which are increased due to abuse of stimulants, such as tobacco. Insulin output is decreased from the pancreas through nicotine use, and as a result, individuals who smoke experience hyperglycemia (Balkin, 2005).

Levin (1995) created a classification system that describes the damage that occurs to the nervous system as a result of substance abuse. The three categories are shrinking of the brain due to damage from toxic substances, poisoning of the brain through circulation of alcohol in the bloodstream, and damage of the nervous system due to nutritional deficits. The importance of this classification system is recognized in the numerous bodily systems that are affected by severe levels of substance related brain dysfunction, such as impaired eye movement, states of confusion, periods of unsteadiness when walking, short and long-term memory loss, and the numbing of certain body parts.

Tarokh et al. (2012) found a relationship between substance abuse and sleep disruptions. Individuals diagnosed with substance use disorder reported complaints of reduced duration of sleep throughout periods of withdrawal and abstinence. Recognition has also been given to the association between insomnia and susceptibility to relapse. The major brain systems that are involved in patterns of sleep are disrupted due to substance abuse, which leads to more frequent use of substances as a form of self-medication.

For individuals diagnosed with a mental illness a barrier associated with receiving help for mental and physical health lies in the perceptions and beliefs of front line workers (Happell,
Scott, Platania-Phung, & Nankivell, 2012). Happell et al. (2012) conducted a study with 38 nurses who were required to attend a focus group on health education. Results from the study
showed that after the focus group the nurses indicated that as mental health workers they did not believe that recognition of physical health issues was a part of their job descriptions. This particular study intended to challenge the nurses belief systems to recognize that as front line mental health workers they have a responsibility to incorporate both mental and physical health care into their treatment plans and services.

Self-Esteem

Mangini (1986) defines self-esteem as “a combination of self-respect, self-confidence, and a feeling of self-worth” (p. 5). Self-esteem has been noted as the most concerning personal trait that is associated with substance abuse (Chien, Ye, & Zhou, 2013). Self-esteem is a significant predictor of overall satisfaction in life, even more prominent than income, education, age, and marriage (Crocker & Wolfe, 2009). Individuals with low self-esteem can develop an absence of self-worth, which affects the potential to function to the best of their ability in all areas of life, such as work and parenting. A form of self-esteem related to substance use disorder is contingent self-esteem, which is defined by Crocker and Wolfe (2009) as “feelings about oneself that result from matching some standard of excellence or living up to some interpersonal expectations” (p. 909). Individuals who have developed high levels of contingent self-esteem associate their perceived failures with feelings of worthlessness and shame (Kernis, 2003). When contingent self-esteem was low, individuals stated that they would engage in numerous risky behaviours to avoid painful feelings.

When an individual experiences low self-esteem, this feeling creates a sense of emptiness and leads the individual to try and fill this deficit with addictive substances, such as alcohol and/or drugs (Mangini, 1986). Low self-esteem has been shown to lead individuals to engage in risky
behaviours, such as drug abuse, due to numerous triggers and environmental influences (Rosenberg, Schooler, & Schoenbach, 1989). Individuals who have low self-esteem experience symptoms of depression and abuse drugs to try and alleviate these negative symptoms and feelings (Mangini, 1986). The drug abuse that is being used as a form of self-medication begins a vicious cycle as the substance leads the individual to experience even lower feelings of self-esteem and increases symptoms of depression.

According to Efron and Efron (1989) when there is an absence of self-esteem, feelings of shame are noted to be in excess. When an individual is experiencing high levels of shame they may engage in self-neglect by ignoring their own personal needs. Individuals experiencing shame may be more likely to actively engage in behaviours of self-abuse, such as addictive behaviours, as a means of purposely damaging themselves and relieving their feelings of guilt. Shame is also known to lead to behaviours associated with self-sabotage due to the fact that failure, negative thoughts, and an undermining for success accompany shameful feelings. Efron and Efron also suggest the idea that an underlying relationship exists between shame and addictive behaviours. Individuals diagnosed with substance use disorder who experience feelings of shame look for the answers to their problems in outside sources, such as alcohol or drugs. Shame is seen to increase as an individual becomes more active in their addictive behaviours.

**Importance of Health Education**

Robinson (2006) states that 1 in every 3 individuals diagnosed with substance use disorder is female and these women have specific treatment needs due to the many roles they are required to take on in life. Researchers estimate that approximately 200,000 women die each
year of substance abuse related health issues, which is 4 times higher than female mortality rates from cancer (Blumenthal, 1998; Kay et al., 2010). Individuals diagnosed with a mental illness experience difficulties in accessing health care services due to financial problems, such as poverty, and symptoms of their diagnosis, such as social isolation (Cammann, 2001; Metre, Chiappetta, Siedel, Fan, & Mitchell, 2011). Difficulties in accessing health care services can also be attributed to reduced communication skills and impairments in daily functioning due to substance abuse or negative symptoms resulting from a mental illness (Fagiolini & Goracci, 2009).

Swarbrick (2011) states that wellness is not a genetic or biological trait. Wellness is part of a decision making process which requires a conscious decision to make more appropriate lifestyle choices. According to Young (2011) women seeking treatment for substance abuse could benefit from a treatment program that incorporates health education, promotion of healthy lifestyle choices, and empowerment towards learning about and engaging in self-care behaviours. An understanding of the relationship between mental and physical illness could reduce the mortality rates of this population through improved assessment and proper diagnosis (Holmberg & Kane, 1995). Swarbrick (2011) suggests that recovery is a process that should focus on numerous areas, such as quality of life, positive behaviours to cope with stress, and education on the components involved in living a healthy lifestyle.

The alarming number of patients diagnosed with a co-morbid mental and physical disorder has lead practitioners to emphasize the importance of wellness in recovery; improving physical health is critical in the process of improving mental health as these illnesses combat one another (Parks, Radke, & Mazade, 2008). Byrne, Brown, Voorberg, and Schofield (1994) highlight recovery programs as an integrative approach. Combining wellness education that involves
assistance and guidance of activities and behavioural components of change allows individuals to set attainable goals. The effectiveness of health education for individuals with a dual diagnosis has been established through interventions and approaches that are planned and organized (Kok, van den Borne, & Mullen, 1997). This demonstrates that health consequences that occur from self-neglect can be repaired and in some cases even prevented through an increase in wellness and/or health based literature.

Young (2011) demonstrated the positive outcomes associated with health education. A health education program was used with a group of 22 women residing in a treatment facility for substance abuse. The women attended the program once a week for 7 weeks, and each session covered a different health related topic specifically tailored to the needs of women. The participants were required to complete a short survey and journal entry following each of the education sessions to gather information on their health perceptions. Results from the study concluded that following the group sessions, the participants improved in their performance and completion of activities, and reported feeling less pain and physical limitations. Surveys revealed that many of the women wrote the word addiction and stated that they felt their addiction was a chronic illness, which highlighted new awareness of their health issues.

Wellness and health education groups provide numerous benefits to clients including role modeling, learning appropriate social roles, and a positive feeling of belonging to a group which fosters values and improves participation (Yurvokich, Smyer, & Dean, 1999). Currently there is limited information regarding the health needs of women within a treatment setting and limited knowledge regarding how these individuals view their health throughout the process of recovery (Young, 2011). Rakowski (1984) expressed the importance of viewing illness and health as two separate entities. Beliefs and behaviours associated with the perception of health need to be
compared to perceptions related to illness, as research suggests those with a diagnosed mental illness have a distorted outlook on wellness. Individuals beliefs concerning the level of impact that wellness has on their overall health significantly influences their illness related behaviours and progress in recovery.

**The Effectiveness of Self-Monitoring**

Howard, Moras, Brill, Martinovich, and Lutz (1996) were among the first authors to present the need for monitoring an individual’s progress throughout the course of treatment. These authors brought forth the idea that monitoring whether a treatment regimen is helpful for a specific individual is equally as important as assessing a group outcome (Goodman, McKay, & DePhilippis, 2013). Measuring an individual’s personal progress throughout the duration of treatment can guide the decision making process by comparing individual results to an expected end result. An area of concern in failing to monitor progress lies within the idea that clinicians are unable to recognize when a patient’s progress is deteriorating or when the client has reached a plateau in performance (Hannan et al., 2005).

The self-attention theory states that when individuals focus directly on themselves this shift in attention causes individuals to compare their actual behaviour to the standard of that particular behaviour (Carver & Scheier, 1981). This theory is based on the hypothesis that individuals will become consciously aware of the discrepancies between appropriate behaviour and their own behaviour choices, encouraging motivation to change (Chapman & Carrigan, 1993). According to Carver and Scheier (1981) when individuals focus on their private self they tend to rely on their attitudes to assist in guiding their behaviour. When individuals focus on their public self they rely on normative standards to make decisions about their behaviour. In
order for individuals to develop self-regulation, they need to recognize how their attitudes and perceptions about standards of behaviour affect their level of performance. Skinner (1953) states that individuals learn to recognize and manage their behaviours by manipulating variables based on the function of their behaviours. Individuals learn self-management skills by manipulating their actions that precede and follow specific behaviours (Simonsen, MacSuga, Fallon, & Sugai, 2013).

Progress monitoring has been recognized by practitioners as a measure of evaluating their quality of treatment for individuals diagnosed with substance use disorder (Goodman, McKay, & Dephirippis, 2013). Progress monitoring allows the opportunity for practitioners and clients to provide feedback to one another throughout the treatment process as a means of improving communication and quality of treatment. Carroll and Rounsaville (2002) suggest that more consistent use of assessment and monitoring with individuals in treatment for substance use disorder, will make treatment planning and goal setting more efficient. Goodman, McKay, and Dephirippis (2013) propose that practitioners move past the basics of follow-up measures and work towards treatment for substance use disorder that incorporates a more concurrent system for monitoring behaviours throughout recovery, such as specific feedback forms and journal entries.

Rationale for Self-Care

To date there is limited availability of services and resources for women with a dual diagnosis of PTSD and substance use disorder to assist with the understanding and treatment of their mental and physical health issues (Young, 2011). Currently there is limited research available outlining how women view their health throughout their recovery process (Young,
2011). This demonstrates an area of concern as women rely on beliefs about their overall health status to influence their behaviours (Rakowski, 1984). Practitioners are beginning to emphasize the importance of combining a number of resources in recovery to address physical and mental health concerns (Parks et al., 2008). Young (2011) suggests that the recovery of physical and mental health will be accomplished through educating practitioners and clients about wellness and self-care. Wellness education will assist in understanding the abnormal functioning of bodily systems due to substance related brain dysfunction that are often mistaken for other mental illnesses, such as Bipolar Disorder or Schizophrenia (Levin, 1995). Opportunities to improve wellness and reduce self-neglect and premature death lies within personal behaviour choices which are motivated by knowledge and awareness (Swarbrick, 2011).
Chapter III: Method

Participants

The participants consisted of 10 females between 22 and 56 years of age. All participants had been clinically diagnosed with the disease of alcoholism, and were living in a long-term care facility because all aspects of their lives had become unmanageable. A number of the clients had a dual diagnosis of PTSD and substance use disorder as well as other mental illness diagnoses such as, depression, anxiety, and personality disorders. The participants were enrolled in the study on a voluntary basis and any clients residing within the long-term care facility at the beginning of the study were eligible to participate. The only requirement was that each participant’s estimated length of stay within the facility accommodated the duration of the study and that discharge dates were not scheduled during the data collection process. All of the participants were residing in the long-term care facility for approximately 4 to 8 months.

Setting
The long-term care facility was gender specific, admitting only females, and 10 to 12 clients were receiving services in the facility at any given time for all types of substance abuse. The long-term care facility was a large house where the client’s resided 24 hours a day, 7 days a week. The long-term care facility provided full assistance in all areas such as, individual and group counselling, craft groups, volunteer experience, physical health care, and smoking cessation. Each individual residing in the facility was required to remain abstinent from all mood altering substances, and failure to do so would result in an automatic discharge.

Two educational information sessions were presented in the group room in the basement of the long-term care facility. The room was accessible and accommodated a large number of participants. There were no tables as the chairs were placed in a circular fashion to assist in creating an environment that was comfortable and welcoming to all clients.

**Facilitators**

The study was facilitated by the student counsellor under the supervision of the addictions counsellor. The facilitation process involved administering and collecting all data collection forms, distributing the self-care information booklet, and conducting the self-care information sessions. The student counsellor also worked individually with any participants who asked for additional assistance with data collection or understanding the information in the self-care booklet.

**Consent**

This study and the consent form were approved by the agency, the college supervisor, and the St. Lawrence College Research Ethics Board. Consent was obtained from 10 clients living in a long-term treatment facility to participate in the self-care information sessions and the
data collection process. The student counsellor reviewed the consent form with the participants in a group format rather than individually due to time constraints and the large number of consent forms that needed to be distributed. The student counsellor reviewed the purpose of the study, the expectations, the possible risks and benefits of participating, and that consent could be withdrawn at any time without penalty. An opportunity to discuss the consent form with the student counsellor for clarification was provided. A copy of the full consent form can be found in Appendix A and the verification letter signed by the student counsellor and agency supervisor can be found in Appendix B.

Confidentiality

All clients who participated in the study were given a code number which appeared on the top left corner of all data collection forms distributed to them by the student counsellor. The clients were identified by a code number to ensure confidentiality was maintained within the long-term care facility as well as the college. All information collected throughout the study was stored in the participant’s files in the addiction counsellor’s office at the long-term care facility, and will remain in the files for 10 years. The documents were secured in a locked cabinet drawer that could only be accessed by the student counsellor, addictions counsellor, and house manager. The computer containing the participant’s information could only be accessed by the student counsellor and the addictions counsellor as it was protected by a password.

Design
An AB design was used when implementing the self-care information sessions. The independent variable in the study was psychoeducation about self-care which was provided to the participants through the self-care information sessions. The educational value of the self-care information sessions was evaluated through the dependent variables, which were the self-care inventory checklists and the evaluation questionnaire. The data from the self-care inventory check-lists were displayed through visual analysis. Qualitative data was displayed through charts and written descriptions of participant responses. Quantitative data was displayed in the form of charts and graphs outlining the descriptive statistics of the results.

**Apparatus**

The student counsellor provided all of the participants with boards for their laps to accommodate note taking, lined paper, pencils and/or pens, the self-care information packages, and the evaluation questionnaire. A white board was also used for further explanation of important information and visual interpretation. Each information package contained seven separate sections on specific self-care behaviours, the benefits of each behaviour, and guidelines explaining how the participants could incorporate the behaviours into a routine while residing in the facility and transfer this lifestyle into the community. The seven sections were physical activity, healthy eating, hydration, sleep, hobbies, meditation/relaxation, and self-esteem building. The self-care information packages were created by the student counsellor for each participant to keep as a reference and learning tool.

**Measures**

A self-care inventory checklist (Appendix C) was used for the method of data collection. The checklist consisted of seven sections that asked the participants to record the frequency of
their behaviours. The participants were also required to record the feelings that were associated with each of seven behaviours. The first week of data collection provided a baseline level of the knowledge each participant had about self-care. The self-care inventory checklists used for the following weeks of data collection evaluated how the client’s knowledge and awareness of self-care behaviours and associated feelings progressed throughout the duration of the study. A participant feedback form (Appendix D) designed by the student counsellor was created to obtain feedback about the facts presented in the self-care information sessions. The participant feedback form consisted of five questions which evaluated the overall interpretation of the new information and how each participant related the information to recovery.

Procedure

Week 1.

Written consent was obtained by the student counsellor from all 10 participants at the beginning the study. Self-care inventory checklists were distributed following the consent procedure and self-monitoring was completed for 1 week prior to the first self-care information session. The data sheets were collected and the self-care inventory checklists for week two were distributed.

Week 2.

The first self-care information session took place at the beginning of the second week of data collection. The self-care information session was taught by the student counsellor for a duration of approximately 1 hour. The session began by having a self-care information booklet distributed to each of the participants and encouraging the women to participate in the session. Each participant read from the first three pages of the information booklet and the reading was
the basis for group discussion. For the following seven sections of the self-care information booklet the student counsellor summarized important facts and asked the participants questions that pertained to each individual section. At the end of the session the clients were given time to ask any questions they had about the new information they had just learned. The participants were instructed to begin their second week of data collection and to use the self-care information booklets as a resource.

**Week 3.**

At the beginning of week 3, the student counsellor collected all of the data sheets from week 2 and provided the participants with the self-care inventory checklists for week 3. The second self-care information session was completed at the beginning of the third week of data collection, and followed the same outline as the first session. The student counsellor summarized important points from each section as well as points that needed further clarification. The student counsellor then provided the participants an opportunity for questions. The participants were instructed to begin the third week of data collection and to continue using the information booklets as a resource. The clients were also required to complete a brief evaluation questionnaire to obtain feedback about the usefulness of the self-care information sessions.
Chapter IV: Results
**Group Results**

Results from the study support the hypothesis that educating individuals about self-care would increase the level of engagement in self-care behaviours, as well as, increase recognition of positive thoughts and feelings about completing those behaviours. Appendix E displays the raw data scores for seven target behaviours completed from baseline to the end of intervention for all 10 participants. The weekly averages for the group from baseline to intervention for seven target behaviours show an increasing trend across all self-care behaviours supporting the hypothesized increase in frequency. Not only did the group averages support the predicted hypothesis, individual raw data scores demonstrated that increases were seen from baseline to the second week of intervention across all 10 individual participants. A graph displaying the weekly group averages for seven target behaviours is shows in Figure 1 below.

Feelings and responses provided by the participants in relation to the completion of self-care behaviours are displayed in Appendices F, G, H, and I. The responses are organized categorically based upon physical, spiritual, or emotional self-care behaviours from all 10 participants from baseline to the end of intervention. Results show that all of the participants increased frequency of self-care behaviours in specific areas based on spiritual and emotional strength and physical abilities. When evaluating these results, participant responses in the categories of physical activity, healthy eating, and self-esteem building indicated that seven participants did not respond, or were dissatisfied with their current frequency of self-care behaviours. The responses from the beginning of week 1 of intervention to the end of week 2 of intervention displayed in appendices F to I highlight that the participants were successfully achieving internal and external rewards for increases in self-care. These rewards
included areas such as, relating self-care to recovery from addiction, improvements in physical health and organ functioning, and self efficacy.

Figure 1. Weekly Group Averages of the Frequency of Engagement in Self-Care Behaviours
**Physical Activity.** Group scores at baseline yielded a mean of 5.2 and a standard deviation of 0.92. Week One of intervention group results showed a mean of 7.7 and a standard deviation of 1.34. Week Two of intervention scores increased to a mean of 9.9 and a standard deviation of 2.08. Physical activity scores showed an overall increase of 48% from baseline to Week One of intervention and 90% from baseline to Week Two of intervention.

**Healthy Eating.** Group scores at baseline yielded a mean of 23.5 and a standard deviation of 3.41. Week One of intervention group results showed a mean of 28.1 and a standard deviation of 2.02. Week Two of intervention scores increased to a mean of 33.6 and a standard deviation of 2.37. These results indicated that healthy eating scores showed an overall increase of 20% from baseline to Week One of intervention and 43% from baseline to Week Two of intervention.

**Hydration.** Group scores at baseline yielded a mean of 12.7 and a standard deviation of 7.10. Week One of intervention group results showed a mean of 23.2 and a standard deviation of 12.79. Week Two of intervention scores increased to a mean of 33.6 and a standard deviation of 15.14. The scores for hydration indicate that the frequency of engagement doubled from baseline to the end of intervention. Hydration scores showed an overall increase of 83% from baseline to Week One of intervention and 165% from baseline to Week Two of intervention.

**Sleep.** Group scores at baseline yielded a mean of 47.1 and a standard deviation of 3.60. Week One of intervention group results showed a mean of 51.4 and a standard deviation of 4.01. Week Two of intervention scores increased to a mean of 52.8 and a standard deviation of 3.85.
Sleep scores showed an overall increase of 9% from baseline to Week One of intervention and 12% from baseline to Week Two of intervention.
**Meditation.** Group scores at baseline yielded a mean of 13.3 and a standard deviation of 1.49. Week One of intervention group results showed a mean of 17.1 and a standard deviation of 3.35. Week Two of intervention scores increased to a mean of 19.7 and a standard deviation of 3.68. These results indicate that meditation scores showed an overall increase of 29% from baseline to Week One of intervention and 48% from baseline to Week Two of intervention.

**Hobbies.** Group scores at baseline yielded a mean and a standard deviation of 1.89. Week One of intervention group results showed a mean of 6.3 and a standard deviation of 2.36. Week Two of intervention scores increased to a mean of 4.1 and a standard deviation of 2.19. The scores for hobbies showed an overall increase of 94% from baseline to Week One of intervention and 141% from baseline to Week Two of intervention.

**Self Esteem Building.** Group scores at baseline yielded a mean of 3.1 and a standard deviation of 1.52. Week One of intervention group results showed a mean of 6.3 and a standard deviation of 2.79. Week Two of intervention scores increased to a mean of 8.7 and a standard deviation of 3.34. The results indicate that self-esteem building scores produced the most effective increase in comparison to all other target behaviours. Self-esteem building scores showed an overall increase of 103% from baseline to Week One of intervention and 181% from baseline to Week Two of intervention.
Table 1. **Descriptive Statistics from Baseline to Week Two of Intervention**

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### Self-Esteem Building

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### Chapter V: Discussion

Self-care information sessions were implemented with 10 participants over a duration of three weeks through the use of an AB design. The participants in the study were assessed through the use of self-monitoring. Data were collected to determine engagement and understanding of self-care behaviours at baseline levels and data collection was continued throughout two weeks of intervention. Visual analysis of the summarized group results including the means, standard deviations, and overall group averages for the seven target behaviours support the proposed hypothesis and indicate an increase in the frequency of self-care behaviours and associated responses and/or feelings. The increases in self-care behaviours displayed by the participants across the duration of the study could also have been attributed due to each participant receiving health education while stabilized in a contemplation or action stage of change. The results supported in the current study can be related to similar findings obtained by Young (2011). Young conducted a study with an emphasis on health education for females diagnosed with an addiction. Findings from the 7 week study concluded that health education provided the participants with improvement in performance of health related activities, as well as improvements in limitations caused by physical and emotional pain. Young also empirically supported the notion that treatment of substance abuse could be further enhanced through health education and empowerment towards self-care.
Future Benefits to the Participants

The self-care information sessions have provided the participants with new skills and knowledge that can be generalized to different settings upon their reintegration into society. The participants have the knowledge and skills required to live a healthy productive lifestyle that can be individualized in a way that is supportive to recovery from substance abuse. They will be
able to educate the individuals in their support networks about the benefits of self-care and living a healthy lifestyle. Performing self-care on a daily basis can provide long-term health care benefits such as internal healing and prevention of future illness. The participants will also be able to incorporate self-care into their daily routines and utilize the new techniques to assist with relapse prevention.

**Future Benefits to the Agency**

The self-care information booklet has provided the agency with a resource to assist clients with learning about self-care and how to independently implement new behaviours into their lifestyle. The information booklet also provides practitioners and clients with a resource that further enhances the treatment process, and provides assistance in all areas of functioning, not just abstinence from alcohol and drugs. The self-care information booklet allows the clients the opportunity to independently learn about self-care as agency staff do not always have time to provide support in this area of recovery. The resource will also be available to the agency for all future clients residing within the long-term care facility.

**Generalization to Other Settings**

Feedback from the participants and agency staff following the self-care information sessions indicated that improvements were seen in numerous areas of functioning for all 10 participants. The participants noted that making positive changes in their self-care assisted in the development of a stronger, more stabilized recovery program. A number of participants reported that a predominant reason for drug and alcohol abuse was chronic physical pain. Through an increase in self-care the chronic pain was decreased making everyday tasks more manageable,
reducing the urge to use substances. Other participants noted decreases in impulsive behaviours outside of the long-term care facility. A number of participants often purchased unhealthy snack
items and caffeinated beverages when in the community and feedback states that accountability towards self-care behaviours decreased the urge to be impulsive.

**Generalization to Other Populations**

In order for the self-care information sessions and booklet to be generalized to other populations, the complexity of the material and style of the content would need to be modified. Sections of the self-care information provided is gender specific and would not be as motivational or useful to a male population. There are also sections of the material that would require a different writing style to improve comprehension for individuals diagnosed with a severe mental illness, learning disability, or developmental delay. The self-care information sessions and booklet, if modified, could be useful to individuals diagnosed with a mental illness for motivational purposes, and/or individuals diagnosed with a developmental delay or learning disability to assist with efficiency and understanding towards the mastery of skills and completion of small tasks.

**Program Changes**

Due to the complexity and quantity of material presented in the self-care information sessions the initial plan needed to be modified. The original treatment plan stated there would be one self-care information session that would occur for a duration of two hours. After careful review of the information and communication with staff, a decision was made to have two one-hour sessions as an alternative. This change in the plan allowed the participants an opportunity to learn the information with the student facilitator, take a week to re-examine and process the new information, and return for a second session. The second information session presented an opportunity for any questions, concerns, or misunderstandings to be indentified and
discussed in further detail. The change in the intervention also allowed for an extended week of
data collection and an opportunity for the student facilitator to discover changes in the
participants self-care behaviours from session one to session two.

**Strengths**

Participating in the self-care information sessions provided the participants with an
opportunity to record and monitor self-care behaviours, helping to increase their self-awareness
and accountability. Self-monitoring of these self-care behaviours provided the participants with
the opportunity to be responsible for recognizing their own behaviour patterns and encouraged
continuation as the clients recognized that they can independently make changes without needing
assistance from others. This finding is consistent with a hypothesis proposed by Chapman and
Carrigan (1993) in which an individual’s conscious awareness of their own behaviours through
self monitoring, will encourage motivation to change as their own recorded behaviours will be
compared to appropriate behaviour choices within that population.

The self-care information sessions and booklets provided the participants with an
opportunity to acquire knowledge and skills that can be efficiently transferred to different
environments, such as at home with children or at work, and can be continued upon release from
long-term treatment. The self-care information covered a number of important areas of
functioning which increased awareness of all health related behaviours. Rakowski (1984) also
highlights the importance of wellness education as he states that education plays a significant
role in an individual’s beliefs about their overall health and their motivation to change in
recovery.
Limitations

Due to regulations within the long-term care facility, one participant was removed from the study during baseline due to discharge from the facility. The study was conducted with only 10 participants, which made it difficult to determine whether or not the results of the study were statistically significant or if the same results would have been obtained with a larger population. The participants also recorded their own data through a system of self-monitoring which creates controversy concerning the accuracy and reliability of the data and responses obtained. Due to time restrictions and scheduled weekly activities within the long-term care facility, each individual section within the self-care information booklet was presented briefly and did not allow time for further discussion, examination, or examples. The time restrictions created concerns regarding the participants’ full understanding of the new information and if any uncertainty about the material may have affected their participation or data collection.

Future Program Recommendations

In future research it would be more beneficial to run the self-care information sessions for a longer duration of 4 to 6 weeks, as 2 weeks was not a long enough period of time to present all of the information in an effective manner. A longer treatment duration would allow time for each section of the self-care information booklet to be discussed in detail and to review any material that may be difficult to comprehend upon the initial presentation. This would present an opportunity for further data collection to determine if the changes in self-care behaviour could be maintained over a more defined period of time. This would also allow an opportunity for
individuals to practice the self-care behaviours through repetition to assist in the establishment of these new behaviours.

It would be more beneficial to the clients and the student facilitator to modify the existing self-monitoring data collection form. The data collection form that was used for this study was open to the participants’ own interpretation of which details within the behaviour would be monitored and which method of recording suited their particular learning styles. The participants were given the opportunity to individualize each of their data collection forms. In the future a modified, detailed data collection form would be beneficial as the data and responses recorded by the participants were not always specific enough to the type of information the student facilitator was working to obtain. It would be beneficial to ask the clients to not only provide a frequency count but specific examples of which behaviours they chose to engage in or modify. The data collection form could be distributed in a semi-structured format providing a number of specific examples with and open response section where participants could explain additional behaviours in a qualitative, detailed format.

Multilevel Challenges

There are many challenges that can be faced when working with individuals diagnosed with an addiction or a dual diagnosis of PTSD and substance use disorder which can be seen at the client level, program level, organizational level, and societal level.

Client Level. Every individual receiving long-term care for an addiction is unique and has their own personal journey, life history, and challenges that led them to their current diagnosis. When an individual with an addiction is dually diagnosed with PTSD, this creates difficulties for the practitioner working with the individual as a number of long-term care
facilities are addiction specific and do not provide treatment for trauma and/or abuse. This becomes a barrier for the clients’ treatment as many individual’s abuse substances as a form of self-medicating and one diagnosis cannot be treated without providing assistance for both diagnoses.

**Program Level.** The agency in which the study was conducted is a facility that provides 24 hour care to all clients. There are a number of agency staff members who work strictly nights and weekends and do not have the opportunity to be present in the facility throughout the day when information groups and counselling sessions are taking place. This generated a barrier for staff and clients as a number of the staff members did not have the opportunity to learn about the self-care information booklets. This created a few minor discrepancies between client and staff communication and awareness.

**Organizational Level.** Due to reasons beyond the agency’s control, there are only four full time staff members that work on a consistent basis, and five part-time, casual employees who work weekends and holidays. When staff members are present at the facility, they work in isolation which provides one staff member to assist 12 clients. This ratio does not provide an opportunity for staff members to connect individually with the clients for any significant period of time and also does not allow any extra assistance or guidance. When working in isolation it also becomes challenging for staff to communicate with one another about client progress or to ask one another for assistance if necessary.

**Societal Level.** The general population has created numerous stereotypical remarks and assumptions about individual living with an addiction. Society assumes that addiction is an issue of control and willpower and that many individuals chose to live a life of substance abuse. The
general population is also unaware of the traumatic events individuals with an addiction have encountered in their lives that may have contributed to their current condition. Society needs to become more consciously aware and educated about the basis of addiction to assist individual’s in transitioning back to the community and maintaining a healthy, substance free lifestyle.

**Implications for the Behavioural Psychology Field**

The self-care information booklet has provided preliminary evidence to suggest that it is an effective method for teaching clients about the importance of self-care, as there is currently limited research regarding this topic. The self-care information sessions and booklet have provided practitioners within the current agency with a resource for future use when working with clients dually diagnosed with PTSD and substance use disorder. The information booklet could also be used as an effective resource for educating the public about the challenges that individual’s face when beginning a new, sobriety centered lifestyle.

**Recommendations for Future Research**

Further research needs to be conducted regarding the most effective methods to use with individuals dually diagnosed with PTSD and substance use disorder to educate them on the importance of self-care through recovery from substance abuse. Data should also be collected from participants on a short and long-term basis to obtain feedback on the impact health education has on behavioural changes and long-term maintenance of those changes.
References


Appendix A: Sample Consent Form

**Project title:** Increasing Quality of Sobriety in Women with a Substance Use Disorder through a Self-Care Information Session

**Principal Investigator:** Lindsay Miller  
**Name of supervisor:** Lana Di Fazio  
**Name of Institution:** St. Lawrence College  
**Name of part partnering institution/agency:** [Redacted]

**Invitation**
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at [Redacted]. As a part of this placement, I am completing a research project called an applied thesis. I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

**Why is this study being done?**
My project is on the topic of “Self-Care” and I have created a questionnaire and a behaviour checklist to determine whether or not the information is useful to your recovery program. We believe this information is valuable to working a healthy recovery program to ensure success for you in the future. Long-term use of alcohol and drugs creates many harmful effects to the body. Self-care is a method of healing these consequences and restoring physical and emotional health. Self-care is also an important part of each individual’s recovery program, as neglecting personal
needs is an important factor in the cycle of addiction. Your thoughts and opinions on this topic are important and I am asking for your assistance in evaluating the effectiveness of this information session.

**What will you need to do if you take part?**
If you agree to take part in this study, you will be required to sit through two self-care information sessions that will take place for approximately one hour. You will be required to record your self-care behaviours on a checklist that will take about 10 minutes to complete each day. Checklists will be distributed prior to the information sessions taking place. As part of the study it will be mandatory to record your self-care behaviours for one week prior to the first information session, one week following the first information session, and one week following the second information session. The checklists completed before the information sessions will be compared to the checklists completed after the sessions to determine if there is an increase in your self-care behaviours over the course of the study. At the end of the second session you will also be required to fill out a short evaluation questionnaire to gather feedback regarding the usefulness of the information session.

**What are the potential benefits of taking part?**
There are a number of potential benefits to participating in the study. You will learn more about the physical effects of alcohol and drugs, and how to reduce the harm that has been done to your body. You will learn the skills needed to live a healthy lifestyle and how to implement this routine into your recovery program. You will also be given the opportunity to become more consciously aware of your behaviours and feelings after performing self-care. Self-care is an important component of working a successful recovery program. Taking care of your own personal needs will keep stress levels down and allow you to manage your life in sobriety.

**What are the potential benefits of this research study to others?**
Information presented and gathered throughout this study will be useful to women entering Tennant House in the future as the resources will be passed on. The women currently practicing self-care will be able to teach others how to incorporate these positive behaviours into their recovery programs. Staff members explain the importance of self-care to the women living in Tennant House. However, this resource will go one step further and explain not only the importance, but a guide on how to complete self-care. This study will assist in helping women to become more independent and self-reliant.

**What are the potential disadvantages or risks of taking part?**
There are only two potential disadvantages to participating in the study. The first disadvantage is that you may become irritated with having to take the time to fill out an additional checklist each day. The second disadvantage is that you may experience overwhelming feelings of anger or sadness. A number of the self-care behaviours may be triggers to memories associated with past traumatic experiences.

**What happens if something goes wrong?**
Each individual processes emotions differently. At any time throughout the study if you begin to have strong reactions to the information being presented or the questions being asked you can come and speak to me, your counsellor, or staff working in the office.

**Will my information you collect from me in this project be kept private?**
All information you provide throughout this study will be kept strictly confidential. You will be given a code on your self-care checklist forms to identify yourself and your name will not appear on any forms you hand in. The only individuals with access to your code will be me and the agency staff. Code numbers will be kept on file in the office at [redacted] and your personal codes and information will be discharged with you when you leave the facility. The information required to be submitted to the college will be presented with your identification code. You can withdraw your participation at any time throughout the study without enduring any consequences, however your consent form will remain in your file at [redacted] and the college for seven years.

**Do you have to take part?**
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty, or negative effects.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Lana Di Fazio, my supervisor from St. Lawrence College and [redacted] your counsellor. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, Lindsay Miller (lmiller62@sl.on.ca). You can also contact my College Supervisor (Lana.Difazio@csc-scc.gc.ca) or the Research Ethics Board at reb@sl.on.ca.

**Consent**
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be filed at the agency and in a secure location at St. Lawrence College for one year.

By signing this form, I agree that:

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

I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

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Appendix B: Verification Letter

**VERIFICATION LETTER**

This letter is to confirm that written consent was obtained by Lindsay Miller, a Behavioural Psychology student at St. Lawrence College, to implement a program. The program was approved by [Additions Counsellor] and Lana Di Fazio (College Supervisor). The written consent explained the details of the program/intervention, including the risks and benefits of participating. The consent forms were signed by the clients on Thursday, October 31, 2013.

The 11 consent forms will be kept in a locked storage cabinet at [Location] for a minimum of 10 years according to the professional standard.

____________________  ______________________  ___________________
Student Name          Student Signature         Date
<table>
<thead>
<tr>
<th>Agency Supervisor Name</th>
<th>Agency Supervisor Signature</th>
<th>Date</th>
</tr>
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<tbody>
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Appendix C: Self-Care Inventory Checklist

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<td>Dancing Ex; Zumba</td>
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**How did this behaviour make you FEEL?**

**Healthy Eating**

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<td>Meat/Alternatives</td>
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<td>Grains Ex; Whole wheat products, Cereal</td>
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<td>Milk/Alternatives</td>
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<td>Salad</td>
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<td>Hydration</td>
<td>Drinking water (How much water?)</td>
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<tr>
<td>Sleep</td>
<td>Record how many hours per night</td>
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<td>Smoking</td>
<td>Reduction in # of cigarettes smoked</td>
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<td>Meditation/Relaxation</td>
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<td>Listening to/Watching a meditation CD or video</td>
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<td><strong>Hobbies</strong></td>
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<tr>
<td>Ex; Painting/Crafts</td>
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<tr>
<td>List any that apply:</td>
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<td></td>
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<td><strong>How did this behaviour make you feel?</strong></td>
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<td><strong>Self-Esteem Building</strong></td>
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</tr>
<tr>
<td>(working on behaviours that make you feel positively about yourself)</td>
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<tr>
<td>Examples; cleaning your room, being organized</td>
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<tr>
<td><strong>How did this behaviour make you feel?</strong></td>
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</tbody>
</table>
Appendix D: Participant Feedback Form

Participant Code: Date:

1. **Overall, did you enjoy participating in the self-care information sessions?** (Please provide at least one reason as to why you did or did not enjoy participating in the sessions).

2. **Was the information presented in a manner that was helpful to you personally?**

3. **What have you learned from the sessions?** (Please provide at least one piece of information you learned from the sessions about self-care).

4. **Thus far, do you feel the self-care information sessions have been beneficial to your personal recovery program?** (Please provide an example).

5. **Have you noticed any changes in your self-care behaviours?** (If yes, which ones?)
Appendix E: Raw Frequency Scores for the weekly Self-Care Behaviours for each individual participant

Table E1 *Weekly Frequency of Physical Activity*

<table>
<thead>
<tr>
<th>Participant Code</th>
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<th>Intervention Week 1</th>
<th>Intervention Week</th>
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</thead>
<tbody>
<tr>
<td>01010</td>
<td>4</td>
<td>6</td>
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</tr>
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<td>6</td>
<td>11</td>
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<td>7</td>
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<td>9</td>
<td>10</td>
</tr>
<tr>
<td>01080</td>
<td>4</td>
<td>7</td>
<td>8</td>
</tr>
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<td>01090</td>
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</tr>
<tr>
<td>02020</td>
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Table E2 *Weekly Frequency of Healthy Eating*

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<td>Intervention Week</td>
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Table E3 *Weekly Frequency of Hydration (Glasses of Water)*

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Table E4 *Weekly Frequency of Sleep (Hours)*
Table E5 *Weekly Frequency of Meditation/Relaxation*

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Table E6 *Weekly Frequency of Hobbies*

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<td>Intervention Week</td>
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<td>4</td>
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Table E7 *Weekly Frequency of Esteemable Acts*
### Appendix F: I Participant Responses to Physical Self-Care Behaviours

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<th>Behaviour</th>
<th>Client</th>
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<th>Intervention 2</th>
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</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>01010</td>
<td>No Response</td>
<td>No Response</td>
<td>“I feel great”</td>
</tr>
<tr>
<td></td>
<td>01020</td>
<td>“Not good, I wanted to do more”</td>
<td>“I feel like I did not do enough”</td>
<td>“I feel fit, renewed, and in shape”</td>
</tr>
<tr>
<td></td>
<td>01030</td>
<td>“I feel drained”</td>
<td>“I feel energized”</td>
<td>“I feel really good, very calm”</td>
</tr>
<tr>
<td></td>
<td>01040</td>
<td>“Indifferent”</td>
<td>“I feel awake, peaceful, and calm”</td>
<td>“I feel like I recharged my batteries”</td>
</tr>
<tr>
<td></td>
<td>01050</td>
<td>“I feel more awake”</td>
<td>“I am serene and at peace”</td>
<td>“I am feeling really good about myself”</td>
</tr>
<tr>
<td></td>
<td>01060</td>
<td>No Response</td>
<td>“I have a sense of accomplishment”</td>
<td>“I wish I could do more, determined”</td>
</tr>
<tr>
<td></td>
<td>01070</td>
<td>“I am tired”</td>
<td>“I am alert and happy”</td>
<td>“I feel really energized and peaceful”</td>
</tr>
<tr>
<td></td>
<td>01080</td>
<td>“I am feeling strong and healthy”</td>
<td>“I feel fit and active”</td>
<td>“I feel really energetic”</td>
</tr>
<tr>
<td></td>
<td>01090</td>
<td>“I am feeling more relaxed”</td>
<td>“I am feeling refreshed, really great”</td>
<td>“I feel good about myself”</td>
</tr>
<tr>
<td></td>
<td>02020</td>
<td>“I am feeling indifferent”</td>
<td>“I am determined and confident”</td>
<td>“I am satisfied and I feel connected”</td>
</tr>
</tbody>
</table>
## Appendix G: Participant Responses to Physical Self-Care Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Client</th>
<th>Baseline</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating</td>
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<td>No Response</td>
<td>No Response</td>
<td>“I feel healthier”</td>
</tr>
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<td>01020</td>
<td>“I am feeling healthier”</td>
<td>“I feel healthy and positive”</td>
<td>“I am starting to feel good”</td>
</tr>
<tr>
<td></td>
<td>01030</td>
<td>“Full and uncomfortable”</td>
<td>“I am feeling satisfied”</td>
<td>“I feel satisfied and refreshed”</td>
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<tr>
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<td>01040</td>
<td>No Response</td>
<td>“I’m feeling indifferent”</td>
<td>“I feel very optimistic”</td>
</tr>
<tr>
<td></td>
<td>01050</td>
<td>“I feel bloated and full”</td>
<td>“I am energized”</td>
<td>“Feeling healthier, my body is adjusting”</td>
</tr>
<tr>
<td></td>
<td>01060</td>
<td>No Response</td>
<td>“I feel content, grateful, and proud”</td>
<td>“I feel my digestive system is working better”</td>
</tr>
<tr>
<td></td>
<td>01070</td>
<td>No Response</td>
<td>“I am satisfied”</td>
<td>“I feel healthy and renewed”</td>
</tr>
<tr>
<td></td>
<td>01080</td>
<td>“I am feeling nourished”</td>
<td>“I am healthier”</td>
<td>“I am starting to notice changes happening”</td>
</tr>
<tr>
<td></td>
<td>01090</td>
<td>“I am enjoying food now”</td>
<td>“I am feeling satisfied”</td>
<td>“I am enjoying nutritious food”</td>
</tr>
<tr>
<td></td>
<td>02020</td>
<td>No Response</td>
<td>“I am feeling grateful and energetic”</td>
<td>“I feel just right”</td>
</tr>
</tbody>
</table>

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### Appendix H: Participant Responses to Spiritual Self-Care Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Client</th>
<th>Baseline</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meditation and Relaxation</td>
<td>01010</td>
<td>No Response</td>
<td>No Response</td>
<td>“I am feeling good, very calm and at ease”</td>
</tr>
<tr>
<td></td>
<td>01020</td>
<td>“I am feeling hopeful”</td>
<td>“I feel relaxed and connected”</td>
<td>“I feel like I am a part of something”</td>
</tr>
<tr>
<td></td>
<td>01030</td>
<td>“Calm and Connected”</td>
<td>“I am feeling a sense of relief”</td>
<td>“I feel happy and light hearted”</td>
</tr>
<tr>
<td></td>
<td>01040</td>
<td>“I am grounded”</td>
<td>“I feel ready for each day”</td>
<td>“I feel calm and peaceful”</td>
</tr>
<tr>
<td></td>
<td>01050</td>
<td>“I feel serene”</td>
<td>“I am more focused”</td>
<td>“I am becoming stronger spiritually”</td>
</tr>
<tr>
<td></td>
<td>01060</td>
<td>“I am starting to feel relief”</td>
<td>“I am light hearted now”</td>
<td>“I am beginning my spiritual journey”</td>
</tr>
<tr>
<td></td>
<td>01070</td>
<td>“I am feeling hopeful”</td>
<td>“I am happy and at ease”</td>
<td>“I am optimistic and content”</td>
</tr>
<tr>
<td></td>
<td>01080</td>
<td>No Response</td>
<td>“I am feeling guilty”</td>
<td>“I feel peaceful and relaxed”</td>
</tr>
<tr>
<td></td>
<td>01090</td>
<td>“I am grateful I am alive”</td>
<td>“I am feeling my higher power”</td>
<td>“My higher power is always with me now”</td>
</tr>
<tr>
<td></td>
<td>02020</td>
<td>No Response</td>
<td>“I feel rested and relaxed”</td>
<td>“I am feeling relaxed and at ease”</td>
</tr>
</tbody>
</table>
## Appendix I: Participant Responses to Emotional Self-Care Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Client</th>
<th>Baseline</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Esteem Building</td>
<td>01010</td>
<td>No Response</td>
<td>“I am feeling positive”</td>
<td>“I feel like I am in the moment”</td>
</tr>
<tr>
<td></td>
<td>01020</td>
<td>“I am feeling determined”</td>
<td>“I feel accountable and organized”</td>
<td>“I am starting to feel whole”</td>
</tr>
<tr>
<td></td>
<td>01030</td>
<td>“I am frustrated”</td>
<td>“I am closer to acceptance”</td>
<td>“I feel organized and accomplished”</td>
</tr>
<tr>
<td></td>
<td>01040</td>
<td>No Response</td>
<td>“I’m clear minded and confident”</td>
<td>“I feel mature, capable, and competent”</td>
</tr>
<tr>
<td></td>
<td>01050</td>
<td>“Not sure how I feel”</td>
<td>“I am feeling more confident”</td>
<td>“I feel responsible, orderly, and in touch”</td>
</tr>
<tr>
<td></td>
<td>01060</td>
<td>“Responsible for my actions”</td>
<td>“Letting go of my need to control”</td>
<td>“Positive thinking and problem solving”</td>
</tr>
<tr>
<td></td>
<td>01070</td>
<td>No Response</td>
<td>“I feel organized”</td>
<td>“I feel more responsible”</td>
</tr>
<tr>
<td></td>
<td>01080</td>
<td>No Response</td>
<td>“I am becoming organized”</td>
<td>“I feel really happy within myself”</td>
</tr>
<tr>
<td></td>
<td>01090</td>
<td>“I can accomplish new things”</td>
<td>“I feel good, sadness is subsiding”</td>
<td>“I am proud of my progress”</td>
</tr>
<tr>
<td></td>
<td>02020</td>
<td>“Indifferent”</td>
<td>“I am focused and hopeful”</td>
<td>“I am full of gratitude and feel great”</td>
</tr>
</tbody>
</table>
PHYSICAL ACTIVITY

Health Benefits

- Physical activity is used as a natural form of an antidepressant as it helps to improve immune system functioning, alters a person’s mood, and improves understanding and clarity of thought processes. Physical activity helps improve memory and concentration.

- After completing physical activity individuals feel a sense of accomplishment which leads to the development of increased self-esteem and self-worth. Engaging in physical activity allows individuals the opportunity to become goal-oriented and promotes motivation.

- Mind, body, and spirit are united through physical activity as will power, self-awareness, and self-reliance are activated.

- Physical activity, due to the impact it has on an individual’s overall health, reduces the chances of dying prematurely from alcohol related health conditions.

- Physical activity reduces the risks associated with heart attack and stroke, and also assists in improving cholesterol levels, which in turn lowers blood pressure.

- A regular physical activity routine assists in reducing the risks associated with developing diabetes or a metabolic disorder. For individuals already diagnosed with one or both of these syndromes, physical activity helps to reduce and control the negative symptoms associated with these two diseases.

- Physical activity has been proven to slow down the process of aging by reducing an individual’s loss of bone density and maintaining muscle strength.
Quality of life can be improved through physical activity, as the ability to complete daily
tasks and manage side effects of chronic pain and joint conditions such as arthritis is
improved.

Physical activity helps the heart and lungs work more productively which increases
energy levels.

Physical activity relieves stress which makes falling and/or staying asleep easier.
Stretching in an important component of physical activity as it improves flexibility,
allows joints to use an appropriate range of motion, and reduces the risk of injuries.

**PHYSICAL ACTIVITY**

**(Sources of Activity)**

**Intensity:** “the rate at which an activity is being performed or the magnitude of effort required to
perform an activity or exercise. Intensity can be thought of as how hard a person works to do the
activity”.

**Moderate Intensity:** “requires a moderate amount of effort and noticeably accelerates the heart
rate”.

**Vigorous Intensity:** “requires a large amount of effort and causes rapid breathing and a
substantial increase in heart rate”.

<table>
<thead>
<tr>
<th>Brisk Walking</th>
<th>Boxing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Aerobics</td>
<td>Light Weight Training</td>
</tr>
<tr>
<td>Tennis</td>
<td>Rowing Machine</td>
</tr>
<tr>
<td>Dancing</td>
<td>Recreational Swimming</td>
</tr>
<tr>
<td>Gardening</td>
<td>Shovelling Snow</td>
</tr>
<tr>
<td>Yoga</td>
<td>Badminton</td>
</tr>
<tr>
<td>Hiking</td>
<td>Canoeing</td>
</tr>
<tr>
<td>Bicycling</td>
<td>Horseback Riding</td>
</tr>
<tr>
<td>Golf</td>
<td>Intensive Housework</td>
</tr>
</tbody>
</table>
PHYSICAL ACTIVITY

How Can You Become Active?

Doctors recommend that individuals participate in at least 150 minutes of cardio at a moderate intensity level or 75 minutes of cardio at a vigorous intensity level each week. (Ex; Step Class)

In addition to cardio, doctors also recommend participating in strength training two times per week. There is no specific amount of time required for strength training. (Ex; Light Weights)

150 minutes of exercise per week can be divided into 30 minutes per day to allow individuals to achieve their fitness goals. For those who find 30 minutes to be too much intensity at one time, try breaking the 30 minutes into two 15 minutes activities or three 10 minute activities.

- Develop a mindset that is focused on moving more throughout the day. The more you are able to remind your body to move, the more inclined you will be to engage in physical activity. For example, this could be accomplished by standing more instead of...
sitting. For individuals who are required to sit throughout the day, movement can be accomplished by stretching while sitting.

- Make a commitment to engage in regular physical activity each day. Make physical activity part of a regular schedule rather than something that is squeezed into the schedule if there is time left in the day.

- Exercise will become easier to commit to once you find the type of physical activity that you enjoy. This may take time and experimenting before you discover which form of exercise is best suited for you. Some individuals prefer to work out alone and others are more motivated in a group setting.

- Find out what engaging in physical activity and being healthy means to you. Society places too much emphasis on the relationship between physical activity and weight loss. Focus on the accomplishment of completing the activity, how your body feels, and the positive emotions that are released.

- Learn that it is okay to put yourself first. By neglecting the problems that are currently affecting your life, this leads to the creation of even more problems. Commit to doing something for yourself each day, no matter how small that commitment may be.

- Physical activity does not need to be viewed as a task or a chore. Engaging in physical activity is an opportunity to incorporate fun into your life and friends and family can be included in this process. Positive memories and emotions can be experienced through physical activity.

- Before engaging in physical activity each day stop and think about the benefits you will gain from the activity that day and what how it will affect your life in a positive way.

HEALTHY EATING

Canada’s Food Guide
As people progress through different stages in life there are different amounts of nutrients that are needed for development. Nutrient needs differ by age, weight, and gender.

HEALTHY EATING: FOODS THAT HEAL
Fruits

- **Apples** → are an antioxidant and repairs artery damage and lowers cholesterol levels
- **Avocados** → an antioxidant that helps to prevent cancer, lowers cholesterol, and contains vitamins A, B, C, and E
- **Bananas** → contains potassium which lowers blood pressure, amino acids which produce serotonin in the brain, vitamin B, and fibre
- **Blackberries** → a good source of iron, calcium, fibre, and vitamin C, and also prevent cancer, heart disease, and slow down the process of aging
- **Blueberries** → a good source of fibre, iron, and vitamin C. Blueberries are an antioxidant, a “natural healer” as they destroy bacteria in the bladder, prevent heart disease and cancer, and reverse the loss of memory that comes with aging
- **Cranberries** → a good source of vitamin C and fibre, fight cancer, help counter the effects of unstable molecules that are formed when the body uses oxygen, and also protects eyesight
- **Dates** → a good source of potassium, iron, and vitamins B and C
- **Grapefruit** → is an antioxidant, contains vitamin C, and potassium and helps fight against cancer and heart disease
- **Grapes** → a good source of vitamin C, iron, potassium and helps reduce the risk of cancer, heart disease, and stroke
- **Kiwi** → a good source of vitamin C, potassium, and fibre and helps lower cholesterol levels
- **Melons** → a good source of vitamins A and C, and potassium and help protect the body from cancer and cardiovascular disease
- **Oranges** → a good source of vitamin C, folate, and potassium and help reduce the risk of cancer, heart attacks, strokes, and other diseases
- **Pineapples** → a good source of vitamins B and C, folate, iron, and magnesium and is an anti-inflammatory and reduces the risk of blood clots and arthritis
- **Raspberries** → a good source of vitamin C, folate, iron, potassium and fibre and helps reduce cholesterol levels and fights against cancer
- **Strawberries** → a good source of vitamin C, folate, potassium, and fibre and helps prevent inflammation of the bowels, lowers cholesterol and fights against cancer
Vegetables

- **Asparagus** is an antioxidant and is a sufficient source of vitamin C, vitamin B, fibre, and potassium.

- **Beans (green or yellow)** are a good source of protein, fibre, and iron, contain vitamins A, B, and C, and lower cholesterol.

- **Beets** lower cholesterol and are a good source of fibre, potassium, calcium, iron, and vitamin C.

- **Broccoli** fights cancer and is rich in vitamin C, protein, calcium, iron, potassium, and numerous minerals.

- **Brussel Sprouts** are a good source of folate, potassium, iron, and protein, and contain numerous cancer-fighting chemicals.

- **Carrots** are a good source of vitamin A, fibre, and potassium. Carrots help lower cholesterol and prevent night blindness.

- **Cauliflower** is an antioxidant and is a good source of vitamins B and C, folate, and fibre.

- **Corn** is a good source of protein, folate, and lutein which is an antioxidant that helps fight blindness in older adults.

- **Lettuce and Salad Greens** are a good source of vitamin C, calcium, iron, and potassium.

- **Peas** are a good source of vitamins B and C, folate, potassium, and fibre, and reduces cholesterol levels and prevents blindness in older adults.

- **Peppers** are a good source of vitamins B, C, and folate and helps prevent against cancer.

- **Potatoes** are a good source of fibre, magnesium, vitamins B and C, potassium, and minerals.

- **Squash** are a good source of vitamins A and C, folate, potassium, and fibre.
➢ **Zuccini** → is an antioxidant and a good source of vitamins A, C and folate

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**Grain Products**

➢ **Bran** → helps to prevent constipation, reduces the risk of colon, prostate, and uterus cancers, lowers cholesterol, and is a good source of fibre, iron, and zinc

➢ **Oats** → a good source of fibre, iron, calcium, and vitamin E and lowers cholesterol levels and reduces the risk for heart attacks

➢ **Pasta** → a good source of protein, vitamin B, iron, and other minerals

➢ **Quinoa** → is known as a “powerhouse” and is a good source of iron, magnesium, potassium, zinc, minerals and helps prevent cancer and heart disease

➢ **Rice** → a good source of fibre, vitamin B, and iron and is gluten free, restores bowel functioning, and provides energy
**Milk and Alternatives**

- **Cheese** → a good source of vitamin B12, protein, and calcium and also helps fight tooth decay

- **Milk (Could Include Soy or Almond Milk)** → a good source of calcium, helps build healthy teeth and bones, protein, vitamins, and minerals and helps prevent osteoporosis, colon cancer, and high blood pressure

- **Yogurt** → a good source of calcium, protein, zinc, and vitamins A and B and helps repair the immune system

![Milk and Yogurt Images]

**Meat and Alternatives**

- **Eggs** → are a nutrient “powerhouse” and an antioxidant. Eggs contain amino acids, protein, Vitamins A, B, and D, zinc, and iron

- **Fish** → helps decrease heart disease and coronary artery disease, and is a good source of complete protein, iron, zinc, magnesium, calcium, minerals, vitamin A, and omega-3 fatty acids

- **Peanut Butter** → a good source of vitamin B, calcium, potassium, magnesium, iron, and zinc

- **Nuts and Seeds** → a good source of vitamin E, protein, potassium, minerals, calcium, iron, zinc, and magnesium and repair the immune system and create red blood cells

- **Pork** → a good source of vitamin B, protein, iron, and zinc

- **Poultry (chicken and turkey)** → a good source of vitamins A and B, protein, minerals, and amino acids that help reduce feelings of depression and insomnia
Vegetarian Options – Legumes (Beans/Chick Peas/Lentils) & Tofu → a good source of fibre, calcium, iron, magnesium, potassium, protein, Vitamin B, and Zinc

HEALTHY EATING

How Do I Implement Nutrition Into My Lifestyle?
Doctors recommend eating six times per day. This is a good way to manage hunger and increase nutrition and metabolism. This includes eating three portioned meals for breakfast, lunch, and dinner, as well as three healthy snacks between each of the meals.

Begin easy, set yourself up to be successful, and make nutritious goals that are attainable. Changing eating habits is not a process that happens over night. This lifestyle change takes time and patients and requires you to make one small change at a time.

Progress is the key to healthy eating not perfection. Eating unhealthy foods that you enjoy is okay in moderation as long as they are balanced out with healthy alternatives.

Labelling certain items as “off-limits” may make you more tempted to want to consume them. Allow yourself to still enjoy these items by eating them less often and consuming smaller portion sizes.

Organize your meals by colour, variety, and freshness. Find healthy foods that you enjoy eating and easy recipes that involve those ingredients. Invite friends over every so often to share the food you have prepared as a means of staying connected with others.

Take time to sit down at meal times to ensure that meal times are enjoyable and that your meal is being digested properly.

Prepare food in advance. At the beginning of each week cut up fruits, vegetables, and lettuce and keep these items in the fridge for easy access. It is also helpful to prepare meat products in advance as well or to cook extra food with the mind frame of having leftovers for the following day.

Plan your meals for the week in advance. When shopping for your food items, have a list of the items you need to purchase for each meal that week. Having a list keeps you accountable and helps reduce the urge to purchase unhealthy items.

Find a shopping partner. Grocery shopping is an important component of implementing your healthy lifestyle. Grocery shopping does not need to be labelled as a chore, instead adopt the mindset of shopping with a partner and engaging in social interaction.
HYDRATION

What is Dehydration?

Dehydration “occurs when more water and fluids are exiting the body than are entering the body. With 75% of the body made up of water, survival requires a water management system”.

What Causes Dehydration?

- Beverages such as tea, coffee, soft drinks, and alcohol contain significant amounts of caffeine and sugar which work strongly to dehydrate the body. The effects of these beverages are harmful when consumed in large amounts.

- When a substance such as caffeine or a soft drink enters the body, a stress response occurs which could be in the form of increased urination and/or blood sugar levels. This stress response causes the body to lose water and a regular cycle of this response leads to dehydration and the body is unable to eliminate toxins.

- Beverages containing caffeine and/or alcohol cause stress to the central nervous system and the immune system. For every beverage that is consumed that contains caffeine and/or alcohol, the body needs three glasses of water to replace the water cells that were consumed by this beverage and remove the toxins from the body.

What are the Harmful Effects of Dehydration?

- Many forms of disease such as obesity, diabetes, arthritis, ulcers, cancer, and heart disease are the direct result of putting the body through numerous years of dehydration and “drought”.

- When there is dehydration occurring within the body, toxins are unable to be removed in a timely manner.

- In many cases dehydration leads to a significant loss of energy.

- The brain is the part of the body that requires the most water intake. When the brain does not receive enough water it is incapable of functioning to its full capabilities leading to a negative outcome known as depression. When the brain functions at a reduced level, personal challenges are unable to be overcome and the end results is feelings of fear, anger, and/or anxiety.

- Chronic Fatigue Syndrome is a direct result of dehydration, as the brain begins to function in a fog when toxins are not removed from the body.
When the body becomes dehydrated the “fight or flight” response takes place and the body is in full fight mode as it is fighting to survive.

Dehydration causes high blood pressure due to reduced water supply in the bloodstream leading to the constriction of vessels.

**HYDRATION**

**Health Benefits**

- Drinking water keeps your body operating efficiently as it removes toxins which helps to speed up metabolism.

- Staying hydrated keeps blood circulating through the body and also assists in the process of digestion.

- Your body functions with higher levels of energy and alertness when it is hydrated which helps to fight off illness and diseases.

- Drinking water helps to regulate your mood, keeps your brain alert, allows you to think clearly, and helps you to stay motivated.

- Cardiovascular health is improved through hydration. Drinking water reduces the rate at which the heart needs to work to pump blood and oxygen through the body.

- Staying hydrated keeps muscles and joints strong and working efficiently, improving performance of everyday tasks. When muscles and joints do not receive enough water they become fatigued.

- Drinking water assists in reducing high blood pressure and fatigue as the body does not have to fight as hard to function when it is fully hydrated.

- When body temperature rises during exercise the bodily response that is chosen is sweat. The body cools down through the release of sweat so it is able to maintain a healthy temperature. Hydration is essential to maintaining a healthy body temperature.
Hydration helps in the reduction of constipation and pain related to dysfunction of the bowels. Water softens feces that are built up in the stomach and allows them to be released from the body more comfortably.

The “thirst reflex” is reduced through hydration. The body learns that it does not need to consume beverages as often or compensate for toxins when high amounts of sugar and caffeine are no longer being consumed.

**HYDRATION**

**How Much Water Should You Consume?**

- Daily water intake is dependent on weight and can be calculated using the following formula:

1. **Your Weight:** Write down your weight

2. **Multiply:** Multiply your weight by 0.67% to determine how much water intake is needed for your body each day. For example, if you weigh 150 pounds, you would multiply 150\times0.67\% to receive a total of 100 ounces.

3. **Activity:** If you are an active person it is important to adjust your daily water intake based on the amount of time you are active for each day. For every 30 minutes of physical activity 12 ounces of water needs to be added to your daily intake. For example, if your total based on your weight is 100 ounces and you engage in an hour of physical activity on a particular day you would add 24 ounces for a daily total of 124 ounces.

- **A helpful hint: there is 34 ounces in 1 litre of water**

**How to Reach Your Daily Goals**

- Try consuming two eight ounce glasses of water with every meal. If this is done at breakfast, lunch, and dinner, 48 ounces of water will be consumed at meal times.

- Try consuming a glass of water each morning when you wake up and again before you go to bed. This is an efficient method of adding another 16 ounces to your daily intake total.
Some individuals describe water as bland or tasteless. Water does not have to carry these negative labels. Try infusing the flavour of your water by adding pieces of lemons, limes, cucumbers, strawberries, or raspberries.

Water is not just consumed through drinking water. Fresh fruits, such as melons, berries, and bananas, as well as fresh vegetables, such as cucumber and zucchini are made up of 91% water.

Keep water bottles filled and easily accessible so they can be taken with you on the go during busy days when there is not a lot of time spent at home.

Increasing water intake and hydration is a process not an event. Making small changes and daily and/or weekly goals to change your behaviours associated with drinking water is setting yourself up for success.

SLEEP

Health Benefits

Receiving an adequate amount of sleep each night is an important factor in achieving a healthy lifestyle. Sleep also helps to reduce symptoms of depression and anxiety.

There is a process called consolidation that occurs during sleep. Skills that were learned throughout the day can be practiced by the mind during sleep and memories can be strengthened. Skills are learned through physically practicing them, however there is a process that occurs in sleep that solidifies those skills.

Quality of life in enhanced through sleep as daily activities and tasks are performed to the best of our abilities when our bodies and minds are well rested.

Inflammation is a symptom of illnesses such as diabetes, arthritis, and heart disease. Research shows that individuals who practice regular sleeping patterns see a decrease in their inflammation.
★ Physical activity, energy levels, strength, and motivation are enhanced through regular sleeping patterns.

★ Sleep helps to improve concentration and the ability to not only retain new information but to comprehend the information as well. The ability to remember new information and think clearly is inhibited by irregular sleeping patterns as the brain does not function effectively when it is fatigued.

★ The section of the brain that controls sleep controls metabolism as well. The feelings of hunger and fatigue go together. The less sleep an individual receives, the more their mood fluctuates and the hungrier their body becomes.

★ Sleep and stress have a direct effect on one another. When an individual practices regular sleeping patterns their stress is reduced, and when stress is reduced falling asleep requires less effort.

★ Sleep controls reaction time and the ability to make appropriate decisions. When an individual receives appropriate amounts of sleep they are able to process decisions thoroughly and react to situations in a time efficient manner. Many accidents are avoided when people reduce their fatigue.

SLEEP

Stages of Sleep

Stage N1 (Transition) → this stage is the first five minutes of sleep where your eyelids become heavy and your muscles slowly begin to relax.

Stage N2 (Light Sleep) → this stage of sleep last for approximately 10 to 25 minutes. The body begins to relax as the heart rate slows down, eye movement stops, and the body temperature begins to decrease.

Stage N3 (Deep Sleep) → during this stage of sleep brain waves are slow, and blood flow is directed to the muscles restoring strength and energy.
REM Sleep (Dream Sleep) ➔ this stage of sleep occurs 70 to 90 minutes after entering deep sleep. During this stage of sleep dreaming occurs as breathing slows down, heart rate increases, and your eyes begin to move at a rapid rate.

❖ The quality of sleep you are receiving needs to hold the same value and/or level of importance as the amount of time you are sleeping at night.

How Much Sleep Do You Really Need?

➢ In order for adults to function at their best potential, doctors recommend getting seven to nine hours of sleep per night.

➢ Everyone’s body has different needs and functions at different energy levels, therefore some individuals require more sleep than others.

➢ Sleep debt ➔ “the difference between the amount of sleep you need and the hours you actually get”. Sleep debt does not go away without working to repair the sleep that was lost.

➢ Research has determined that individuals who only sleep a few hours each night over long periods of time are unable to reach their optimal level of performance on complex tasks that require thinking and concentration.

➢ Sleep is a time for the brain to remove the toxic waste that accumulates throughout the day. This toxic waste is a result of glucose (sugar) being transferred into energy. Clearing this waste out of the brain reduces the chances of developing Alzheimer’s disease in old age.

SLEEP

How Can I Change My Sleeping Pattern?

➢ Generate a sleeping pattern that is consistent. Plan to go to sleep and wake up at the same time each day. Developing healthy sleeping patterns is based on experimentation to determine how your body works best.
If you have sleep debt begin repaying it in small increments. Add an hour per night to your weekly routine to build back the hours one day at a time.

Prioritize your sleep by making a commitment to your routine. Schedule your sleep hours and then schedule your activities to ensure your sleep needs are accommodated.

Begin keeping a diary to help you stay accountable to your behaviours associated with sleep. Write down what time you go to bed and wake up, how many hours you sleep, and your feelings and energy level each day. This diary can be used as a guide to recognize where changes need to be made in your sleep routine.

Be mindful of napping and evening drowsiness. Having a nap is a good way to restore lost hours of sleep, however over-sleeping during the day can make it difficult to fall asleep at night. In the afternoon or early evening, find a stimulating activity such as housework or talking on the phone to avoid napping.

If you are comfortable with sleeping in the dark try to make this a regular habit. Sleeping with a light on can make it difficult to enter deep or REM sleep as the light keeps our eyes and minds stimulated.

Try to allow your bed to be a place of rest and not a place for activities. Associating your bed with activities such as reading, writing, or watching television makes sleeping difficult as the environment is now associated with stimulating activities. If you have a table or desk, try to use this area for activities.

Practice reducing your stress levels before sleeping through leisure reading, deep breathing, stretching, or meditation to calm your mind and relax your muscles.

Try to avoid eating large amounts of food before going to sleep. The digestion of food is a process and eating before bed does not allow the stomach the appropriate amount of time required to digest the food.

**SMOKING**

**Health Benefits of Quitting**
• The healthy effects of quitting smoking begin to take place within 20 minutes after smoking the last cigarette as your heart rate begins to decrease back to a normal level of functioning.

• Within two hours of quitting smoking, circulation improves and a feeling of warmth begins to return to your hands and feet.

• After 12 hours of quitting smoking, carbon monoxide levels in the body drastically decrease and return back to normal. Carbon monoxide is released into the air through tobacco and enters the body through cigarette smoke and is toxic to the functioning of bodily systems.

• Individuals who smoke increase their chances of a heart attack by 70%. After one day of quitting smoking this risk is reduced.

• The loss of senses such as smell and taste are a side effect of smoking. Within 48 hours of quitting, senses and nerve endings begin to re-grow and function normally again.

• Three days after quitting smoking all nicotine will be removed from your body.

• Two to Three weeks after quitting smoking, your body will begin a process of regeneration. Circulation will begin to improve, your lungs will clear and breathing will become easier which will also enhance exercise, as physical activity will no longer leave you feelings sick or completely out of breath.

• Within one month after quitting, your lungs will drastically begin to repair as the build up of mucous in the lungs will be removed which will help to decrease shortness of breath and coughing.

• One year without smoking is a significant milestone as the individuals risk for developing a heart disease is reduced by 50%.

• After five years of quitting smoking, an individual’s blood vessels widen, blood begins to flow smoothly throughout the organs of the body, and the risk for stroke is reduced.
On average, individuals who do not smoke have a lifespan of 15 years more than individuals who do smoke.

**SMOKING**

**How Can I Quit? → The Smoking Cessation Program**

- The smoking cessation program is available for you to access at any time. In collaboration with your addictions counsellor you can begin to create a plan for change that is personable and achievable.

- It is important to remember that quitting smoking is an ongoing process, it is not defined by a single event. As quitting “cold turkey” is not a suitable method of change for everyone, small goals can be made on a weekly basis to slowly reduce the number of cigarettes you smoke daily until you are ready to stop smoking completely.

- A useful resource is keeping a smoking diary or daily log book. In this book you can record how many cigarettes you smoke each day and the time. Recording the cigarette directly after smoking is recommended as this keeps you accountable and aware of the situation. If you do not record the cigarette immediately you risk losing track and will receive an incorrect count for the day.

- As part of the smoking cessation program, you will need to determine how important quitting smoking is for you along with the reasons why you want to quit. This will become a useful resource throughout the duration of the program, as every time you begin to feel discouraged or you crave a cigarette you can look at this resource and refocus on your goal.

- Create a list of coping skills. Coping skills will help with changing your behaviours that are associated with smoking. For example after eating dinner instead of having a cigarette you can chew a piece of gum and read the newspaper. If coffee is associated with smoking you may need to drink tea or water instead. Creating new, more adaptive behaviours will help you find new activities to engage in instead of smoking.

- Reach out to your support system and set boundaries. Tell others around you that you are quitting smoking so they can be respectful of your decision and also so you can reach out to them if you need support. Quitting smoking is not a process that you need to complete alone, asking for help, and talking about your feelings are tools to help you become successful. Setting boundaries is also important. If smoke is a trigger for you then you may need to remove yourself from situations and environments where others are smoking until it is no longer a trigger.
➢ Ask your addictions counsellor if a patch or gum are suitable for you to use to help quit smoking. It is important to consult with a professional before accessing these resources as there are side effects associated with using them that you need to be made aware of.

➢ Check your daily signs and symptoms associated with smoking as well to reduce your chances of relapsing. Recognizing the warning signs of a relapse and dealing with them in an appropriate manner is an important part of quitting smoking.
MEDITATION AND DEEP RELAXATION

Health Benefits

- Deep relaxation of the muscles in the body has been shown to increase immunity and lower the risk of the growth of cancerous cells.

- Relaxation helps with achieving an emotional balance, as the conscious is cleansed of memories that are emotionally burdening which helps to instill a sense of relief. This process of emotional regulation also assists with behavioural changes as the individual chooses more appropriate ways of responding.

- Meditation is a natural way of lowering blood pressure as the body does not respond as quickly and automatic to environmental triggers and stressful events.

- Inflammation leads to conditions such as heart disease, arthritis, and asthma. Relaxation helps to treat symptoms of stress and acts as an anti-inflammatory reducing the risks of developing these medical conditions.

- Stress creates a storm in the body and the mind. For individuals who meditate, upsetting and stressful thoughts enter their mind and then they die off and leave without creating a lasting sense of discomfort.

- Meditation helps to create serenity and self-confidence as it is a time of reflection and positive thinking.

- Meditation releases tension from the muscles and reduces symptoms of physically pain and discomfort.

- Feeling negatively about yourself is manifested through behaviours of restlessness, anger, and annoyance not only towards other but towards yourself as well. Deep relaxation helps create a sense of “inner peace” which will allow you the ability to think clearly, understand your mistakes, accept them, and move on from them, as well as treat yourself and others with the respect that is deserved.
- Meditation helps reduce and control symptoms associated with depression and anxiety.

- Stress creates adrenaline which causes damage to bodily symptoms and reduces their ability to function. Relaxation improves functioning, restores the body, and prevents future damage from occurring.

## MEDITATION AND DEEP RELAXATION

### Sources of Meditation and Relaxation

- **Mindfulness Meditation:** this particular source of meditation is also used as a grounding technique. Mindfulness requires the participant to become aware of the sounds, sights, smells, and objects around them. This form of meditation allows a fluid flow of thoughts to run through the participants mind. This meditation requires focusing directly on senses such as cars driving by, rain hitting a windowsill, or the smell of a candle.

- **Spiritual Meditation:** this form of meditation is based on prayer and forming a spiritual connection with God or a higher power. Meditating and participating in prayer is not only calming but is rewarding as well. Thoughts and feelings are worked out by communicating with a higher power and building a stronger spiritual connection.

- **Focused Meditation:** this form of meditation helps to focus your mind on one repeated thought or mantra quietly in your mind. The goal of this meditation exercise is to stay focused on one train of thought in your mind and to not deviate your thought processing to a different area. This is where meditation CDs and DVDs are utilized. Soothing music and a voice guiding the meditation helps to clear the mind and stay focused on one area.

- **Movement Meditation:** this form of meditation is relaxing and uplifting. Movement meditation can be performed standing or seated and requires you to focus on your breathing and the flow of your movements. Music is a helpful resource to use for this form of meditation as it allows for your body to sway and move gracefully to the music. Focus should be placed on the beat of the music and the upper body, the lower body should stay stationary.

- **Mantra Meditation:** this form of meditation requires the participant to chant out loud their own mantras or the mantras being repeated from a guided meditation voice. Repeating mantras and thoughts aloud helps to resist the mind from wandering and to be focused strictly on the meditation and the meaning of the words being recited.

- **Yoga:** this form of meditation requires the participant to focus on breathing and their body movements. Yoga focuses not only on strength of the body but strength of the mind
as well. Breathing becomes regulated and patterns of thought are concentrated on controlling breathing and movement. This form of meditation is relaxing and allows the individual to feel a sense of inner accomplishment and strength. Yoga also helps to increase flexibility and decrease physical bodily pain.

- **Progressive Muscle Relaxation:** this form of meditation teaches the participant to focus on tensing and relaxing specific muscle groups in the body. With your eyes closed, you begin by tensing a muscle, holding it for five seconds, and then relaxing the muscle. The purpose of this task is to recognize the difference between the muscle being tensed and relaxed. Be sure to include all muscle groups including arms, legs, shoulders, chest, stomach, back, and the face.

### MEDITATION AND DEEP RELAXATION

**How Long Should I Meditate?**
To begin making progress, and experience the positive benefits of meditation and reduced stress, it is recommended that you meditate at least once every day for 20 minutes and work towards increasing this to twice a day. The more you meditate the easier it will become to acquire and master the appropriate skills and meditating for 20 minutes should become a progressive goal.

**How Can I Make This Part of My Daily Routine?**

- Meditation helps to set the tone for your day. By practicing meditation as part of your daily morning routine when you first wake up, you can begin the day in a state of relaxation with a clear frame of mind.

- Meditation and relaxation before bed helps to clear your mind of negative thoughts and stressful situations from the day to make it easier to fall asleep and stay asleep throughout the night.

- Find ways of incorporating meditation into your work day. If you are feeling increased stress at work, take three to five minutes throughout the day to sit with your eyes closed and focus on your breathing and ground yourself by focusing on the environment around you.

- Practice meditation at times throughout the day where you find yourself becoming impatient. For example, if you are waiting in line at a store and you are becoming stressed because the line is not moving as quickly as you had hoped, focus on your deep breathing and ground yourself by focusing on the environment around you.

- A state of mindfulness and relaxation can be achieved while engaging in daily tasks such as dishes, brushing your teeth, or commuting to and from work. These are opportunities
to focus on your thoughts and feelings. While completing these daily tasks, focus on your breathing, thoughts, feelings, and environment around you. Relaxation techniques can be applied to any environment or situation.

- Keep a meditation and relaxation journal. Keep track of when you are stressed throughout the day, how you handle that stress, and your meditation and grounding throughout the day and how you feel afterwards. Journaling makes time for your thoughts and feelings so you can learn to give yourself the respect and kindness that you deserve.

**SELF-ESTEEM**

**Health Benefits**

- When you have self-esteem, you are proud to be yourself and you feel that you matter. Self-esteem is also associated with feelings of self-confidence and self-worth.

- When you have self-esteem you will attract individuals to you who also have self-esteem and a positive outlook on life, and you will also have the ability to build relationships that are appropriate and meaningful as you will be able to give and receive love.

- Self-esteem is associated with optimal physical and mental health conditions. When you have self-esteem you will feel rejuvenated on a daily basis, you will enhance your decision making skills, and you will be able to complete tasks more efficiently.

- Self-esteem is associated with the belief that you have the skills, characteristics, and confidence associated with completing particular tasks. Self-esteem is an important component of overcoming fears.
Individuals with self-esteem believe that their physical and emotional health deserves to be taken care of to the best of their ability.

Self-esteem is associated with reducing symptoms of depression. Individuals with self-esteem generally have a more optimistic outlook on life and are able to find humility by accepting life on life’s terms.

Self-esteem help to build resilience as you will be less likely to fall into a pattern of self-defeat when you experience stressful life events. You will have the strength and skills to overcome challenges and you will spend less time in a stressful state of worrying.

Self-esteem reduces stress which also reduces negative health conditions such as high blood pressure and the risk of a heart attack and/or stroke.

Self-esteem helps individuals take responsibility for their own actions and/or behaviours which reduces feelings of guilt and shame when living a life of honesty and integrity.

Self-esteem is associated with less impulsive behaviours as individuals find comfort in themselves rather than having to rely on outside sources such as tangible items or other people to feel happy and/or safe.

SELF-ESTEEM

What Are “Esteemable” Acts?

According to Francine Ward, there are a number of positive actions that can be taken to help build self-esteem. Her book entitled “Esteemable Acts: 10 Actions for Building Real Self-Esteem” is a useful resource to enhance your understanding of the process of building self-esteem.

Francine suggests that there are four actions that need to take place before you can begin your personal journey of building your self-esteem.
1. Stop listening to other people’s personal opinions about who you are, who you are going to be, and what you are capable of accomplishing in life. When you listen to what others have to say you become a bystander to your own life. People living in fear themselves do not have the ability to help guide you out of your fear.

2. Stop believing that you are always the victim in every situation. Empower yourself to live honestly and responsibly.

3. Learning that self-esteem is about working hard to be who you choose to be in life and accomplishing what you set out to achieve. Learning to recognize that sitting back and not doing any work is not going to help you move forward in life. Change and progress requires dedication and the willingness to go to any lengths.

4. Learning that failure is not the worst thing that can happen to you in life. Failure is the outcome of not trying, and the choice to not take risks in life is more detrimental than failure itself.

❖ “Courage is not about the absence of fear; it’s about the willingness to feel the fear and do it anyways.”

➢ Set small goals and achieve those goals. What is your own personal definition of success?

➢ Smile: although it is a small act it is a way of showing kindness to yourself and others

➢ Volunteer: this is an action that brings positive feelings to yourselves and others

➢ Exercise: this is an empowering activity that can help you achieve a sense of inner and outer strength

➢ Empower yourself with information and knowledge. Being educated is one of the best steps of action you can take for yourself.

➢ Be organized: organize one small area of your life at a time. For example; an action as small as cleaning your room or organizing your desk can provide you with the hope and encouragement you need to start managing other areas of your life.

➢ Create personal boundaries that are beneficial to your emotional wellbeing and put yourself first.

➢ Ask for help: a key element of accomplishing your goals is knowing that you do not have to do them alone.
HOBBIES

Health Benefits

- Hobbies encourage you to take the breaks in life that you deserve to reduce the chances of becoming burnt out while still engaging in an activity that has a structure and a purpose.

- Eustress is a form of stress that is positive and is accompanied by excitement. Hobbies replace negative stress with positive stress due to the fact that you are completing an activity because it is something you have a passion for not something that was selected for you by someone else.

- Hobbies offer a way for you to positively challenge yourself. Instead of trying to compare yourself to other people or live up to what you feel others are expecting from you, you can focus on being the best version of yourself and living up to your own potential.

- Hobbies are a way of creating new social experiences and uniting yourself with others. You can familiarize yourself with other individuals who share the same interest and passion for the particular hobby that you enjoy. Hobbies can be completed alone or with others. Hobbies that are completed individually can be shared with others once they are completed. This is an opportunity to show others who you are as a person and what you enjoy in life.

- Engaging in hobbies is a way to release stress by focusing on a task that is not work related. Hobbies allow you to focus on the task at hand and can be used as a way of grounding yourself.

- Hobbies are an outlet for being in the moment and focusing on the present. Instead of thinking about situation that occurred in the past or worrying about what is to come in the future, you can find stability and focus on the present moment by allowing yourself to focus on a leisurely activity or task.

- Hobbies are a positive way of uniting body, mind, and soul. Hobbies can positively increase your psychological health by lowering symptoms of depression. Hobbies have also been known to lower blood pressure levels and reduce physical bodily pain.
associated with stress.

- Hobbies help improve mental stimulation and improve your ability to solve problems.

**HOBBIES**

**Types of Hobbies**

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<tr>
<th>Physical Activities</th>
<th>Arts &amp; Crafts</th>
<th>Music</th>
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<tr>
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<td>Painting</td>
<td>Play an Instrument</td>
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<tr>
<td>Swimming</td>
<td>Drawing</td>
<td>Sing (Karaoke, Choir)</td>
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<tr>
<td>Yoga</td>
<td>Colouring</td>
<td>Listen to Music</td>
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<tr>
<td>Skiing</td>
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<td>Running</td>
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<td>Tennis</td>
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<td>Walking</td>
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<td>Dancing</td>
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**Home & Garden**

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<th>Other</th>
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<tbody>
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<td>Volunteering</td>
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<td>Grow your own Fruits &amp; Vegetables</td>
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<tr>
<td>Landscape the Outside of your Home</td>
<td>Reading</td>
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HOBBIES

How Can Hobbies Become a Part of My Life?

- Have a positive attitude towards finding, completing, and making sufficient time for your chosen hobby(ies).

- Trial and error: do not become discouraged if you do not discover an activity that you enjoy right away. Finding an activity that is appropriate and suitable to your lifestyle and interests may take time, patience, and the process of trying many different activities.

- Make your hobby a priority. If you treat your hobby as though it is not important and it get placed at the bottom of your “to do” list then it becomes easier to avoid. When your hobby is a priority you can treat yourself with the respect that you deserve and allow yourself the time you need to enjoy your hobby.

- When you chose a hobby consider the time of day that would be most appropriate to achieve your goals. For example, if you discover you enjoy running but you do not enjoy waking up early, setting a goal to run every morning will not set you up for success. Running in the evenings would accommodate your hobby and your own personal needs.

- Start off small and work your way up to more difficult tasks. You are only able to do what your body and mind is capable of doing. Some hobbies take time, practice, and patience and you need to have the willingness to try. Trying to complete a goal that your body is not physically capable of doing is not realistic.

- Find social support: surrounding yourself with people who encourage your interests or who may have the same interests as you is an important part of achieving your goals.
➢ Remember that hobbies are about enjoying the things that you are passionate about in life not about perfecting them. You may be interested in a certain activity such as singing or dancing and feel that you do not have the “talent” for those activities. Hobbies are about being the person you chose to be and you do not have to be a professional dancer or singer to engage in these activities.

➢ Evaluate the activities that are “consuming” your time each day. Be mindful of how you choose to spend your time each day. If you find you are spending a great deal of your time watching TV or on the computer consider re-evaluating how you choose to spend this time.

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