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

This thesis is dedicated to the memory of my Opa, Stuart Vandermeer, who passed away two weeks before its completion. Thank you for always believing in me.
ABSTRACT

There is a growing number of individuals with severe mental illness who are accessing community-based treatment programs in North America. Mental health agencies are adapting their program implementation to accommodate the high demand for services while providing empirically validated research for positive behaviour outcomes. One way that these agencies have attempted to increase services to the public has been through the use of psychoeducational groups. Group sessions are efficient and inexpensive, leading many psychological services to adopt these practices. This thesis focused on providing information and resources to group facilitators at a local mental health agency, allowing for ease of implementation of psychoeducational groups. A needs assessment determined that a standardized psychoeducational group resource manual was required for use by staff agency wide. The final product of this thesis includes a facilitator’s manual with all of the required information for conducting psychoeducational groups. This thesis focused on providing empirically validated approaches for the most common types of mental illnesses including: depression, anxiety, post-traumatic stress disorder, and schizophrenia. Coping strategies and treatment of these mental illnesses provided in the manual include progressive muscle relaxation, diaphragmatic breathing, reappraising the situation, and biofeedback. This thesis focused on the development of a manual, and did not implement the groups or evaluate their effectiveness. However, suggestions and feedback from agency staff were incorporated into the manual.
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CHAPTER 1: INTRODUCTION

Overview
In 2012, one in six Canadians met the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) for at least one mental illness or substance use disorder (Pearson, Janz & Ali, 2013). Many of these individuals seek assistance from community agencies to address a number of issues related to mental illness or substance use disorders. Community-based agencies offer supports that apply psychosocial rehabilitation practices and principles. Psychosocial rehabilitation practices establish the principles in order to transform mental health care services and address the individual needs of a client, ultimately achieving the full social inclusion of all. Frontenac Community Mental Health and Addiction Services (FCMHAS) is a multi-level service agency providing services to those with mental health and/or addiction issues in the Kingston area. This agency’s services include community treatment teams, court support, mobile crisis and residential housing. There are currently no resources at (FCMHAS) available to staff for implementing standardized psychoeducational groups throughout the agency. This thesis will consist of a manual that can be used by staff agency wide to incorporate empirically validated research into psychoeducational group delivery.

Rationale
The researcher conducted a needs assessment to review program implementation, existing resources, and staff opinions to determine whether a resource manual would be beneficial for clients at FCMHAS. An interview was conducted with the program manager as well as other staff members. The review found a lack of resources to assist staff in planning and conducting psychoeducational groups. Staff stated that this would be a useful tool to assist them in conducting psychoeducational groups. This thesis seeks to support the group implementation committee at FCMHAS in developing empirically validated standardized psychoeducational group sessions, and incorporating them into their agency’s programming.

Synopsis
The purpose of this thesis is to create a standardized resource manual for Frontenac Community Mental Health and Addiction Services. The psychoeducational groups in the manual are intended to be a part of the broader services that FCMHAS provide. The development and organization of this manual will be extended to include the content of other psychoeducational groups at FCMHAS, such as social skills training and activities of daily living (ADL).

Clients with severe mental illness (SMI) frequently present with a number of issues. These clients need care and supports appropriate for high levels of anxiety, and strategies for coping with symptoms of mental illness (Reid, Smiley & Cooper, 2011). It is difficult to make treatment gains when a client presents with a high level of anxiety that may impede day-to-day functioning. Reducing anxiety and stress in one’s life is a first step to successful rehabilitation. Behavioural therapists, instructors and other support staff in community agencies must ensure that the services they provide will result in durable and lasting change. It is therefore important to include empirically validated approaches to intervention that have been shown to be effective in group settings. Due to limitations in staffing, providing support and assistance to clients can be difficult. Group sessions are efficient and inexpensive, leading many psychological services to adopt these practices. A resource manual should be an effective tool for staff to use with clients.
who have a variety of mental health and substance use disorders. Group sessions are a proactive way to engage clients who might feel discouraged from seeking one-on-one support. Also, clients may feel more interested in participating in group therapy if their peers are involved. The main topics in this resource manual are coping strategies such as: progressive muscle relaxation, diaphragmatic breathing, biofeedback, social support, and reappraising the situation. The benefits of psychoeducation will be discussed as they pertain to disorders such as: schizophrenia, depression, anxiety, and post-traumatic stress disorder. Each topic includes a brief training section highlighting important information for facilitators of the groups. Also included are tips on conducting psychoeducational and skill-building groups. Other resources that have been provided to the agency include CDs with relaxation music, group handouts, and flyers promoting group activities.
CHAPTER 2: LITERATURE REVIEW

Psychoeducational Group Therapy Overview
Clients who access community-based services often encounter a number of challenges. Some of the most common mental illnesses of these individuals include: depression, anxiety, post-traumatic stress disorder, and schizophrenia. These mental illnesses are important to address, as their symptoms can severely hinder day-to-day functioning. Psychoeducational group therapy can be an effective way to assist individuals in learning about their mental illness and in developing coping strategies to reduce their symptoms.

The deinstitutionalization of clients in North America has presented a new problem with mental health care, as many have difficulty finding proper supports with few rehabilitation programs available (Lefley, 2009). Treatments are generally limited to psychopharmacological interventions, an efficient method of dealing with a number of symptoms related to mental illness, and in particular, with the reduction of positive symptoms (Lefley, 2009). However, medication does little to address the self-stigmatization and social isolation that are present for those with severe mental illness. Furthermore, medication does not teach clients any relevant social skills or coping strategies. Psychoeducational groups can be used to address these issues and assist clients in developing strategies to reduce the symptoms associated with mental illness.

Psychoeducation is a treatment modality that incorporates educational and psychotherapeutic interventions (Lukens & McFarlane, 2006). Psychoeducational groups are professionally delivered by trained mental health care providers (Lukens & McFarlane, 2006). The wide use of psychoeducation has reflected a paradigm shift in service delivery; stressing collaboration, coping, empowerment and health promotion for those who seek treatment (Lukens & McFarlane, 2006).

Psychoeducational groups offer clients a number of positive skills and techniques that they can use to recognize signs of decompensation or relapse, and respond with illness management skills (Lefley, 2009). Many coping skills taught through psychoeducational groups rely on recognizing signs of deterioration – targeting the problem before the client relapses or experiences the full impact of symptoms associated with mental illness. Problem solving techniques in regard to daily functioning and development of social skills also coincide with symptom control that clients learn (Lefley, 2009). Psychoeducation seeks to address a number of misconceptions related to mental illness, and discusses both adaptive and maladaptive coping strategies. Above all, the intent is to restore a sense of self-worth and value, deepening self-respect and improving interpersonal relationships (Lefley, 2009).

Although considerable progress has been made with new laws and increased awareness through social media, stigma surrounding mental illness continues to affect the lives of many citizens in North America and around the world. Removing social barriers for those with severe mental illness is one of the most important aspects that psychoeducation could accomplish (Lefley, 2009). With assistance from group interventions, clients may come to accept their mental illness and no longer feel socially isolated.

Psychoeducational groups are just one of the many facets of psychosocial rehabilitation used by community-based agencies to address the individual needs of clients. Psychosocial rehabilitation is an orientation to intervention that has developed over the past 20 years (Pratt, Van Citters,
Mueser, & Bartels, 2008). Severe mental illness is highly prevalent in society, especially for those over 35 years of age. The number of adults aged 65 years or older is expected to double by 2030 (Pratt, Van Citters, Mueser, & Bartels, 2008). An increased number of these individuals with severe mental illness are living in the community – a trend that will continue over the next 20 years (Pratt et al., 2008), and which underlines a need for interventions that are efficient and inexpensive (Pratt et al., 2008). It is imperative to develop a treatment modality that is tailored to address the unique needs of this demographic (Pratt et al., 2008). Psychosocial rehabilitation has yielded an average cost savings of $17,739 per client per year by reducing the use of psychiatric inpatient care (VanMeerten et al., 2013). Psychosocial rehabilitation can contribute to an increased quality of life, personal recovery and successful community integration (Pratt et al., 2008). It uses a collaborative approach that is centered on the individual’s needs. Clients are given the choice of learning and treatment environments and modalities, and are educated about their mental illness (Pratt et al., 2008). See appendix A for the principles of psychosocial rehabilitation.

The present literature review emphasizes peer-reviewed articles from 1995 to present. The reason for this is that the emergence of psychoeducation as an effective modality of treatment happened over the last 13 years. Researchers are beginning to understand the importance of psychoeducation in service delivery (Lefley, 2009; Rummel-Kluge, Kluge & Kissling, 2012; Lukens & McFarlane, 2006).

**Group Goals**

The overall goals of psychoeducational groups for clients with severe mental illness are the education of illness management and the development of coping strategies. Lefley (2009) describes three objectives that psychoeducational groups attempt to achieve:

1. Combating social isolation. Most participants suffer from serious, long-term psychiatric conditions and many have histories of lengthy hospitalization. Even those who maintain close family contact typically have not been able to maintain earlier friendships with peers. When they come to the group, they are frequently isolates with few social outlets.
2. Redeeming a sense of self-esteem and hope for the future. Many members have a devalued self-concept, consider themselves losers, or view themselves as “mental patients” not worthy of the society of others. Some are angry at how they have been treated by former friends, or by the mental health system itself. The group message reframes the value of persons who suffer from a mental illness.
3. Encouraging people with serious mental illness to advance beyond their present life situation. Members have varying capacities for work or continuing education. There is often a reluctance to attempt unfamiliar challenges due to several legitimate concerns. First is a well-grounded fear of incurring too much stress. The psychoeducational materials teach the biological response to stress in serious mental illness, and members know from their own experience that emotional dysregulation and hyperarousal can be precursors to decompensation. (p. 375)

**Psychoeducation for Mental Illness**

Psychoeducation is offered for a number of psychiatric disorders, mainly schizophrenia, depression, anxiety and post-traumatic stress disorder (Rummel-Kluge, Kluge & Kissling, 2013).
Psychoeducation has been demonstrated to be effective for a number of mental disorders (Rummel-Kluge et al., 2013; Lukens & McFarlane, 2006; Casans et al., 2012; Morina et al., 2012).

**Schizophrenia**
Researchers completed a study with 5142 participants who were diagnosed with schizophrenia (Xia, Merinder, & Belgamwar, 2011). These clients had received psychoeducation as their main modality of treatment over the course of 12 weeks (Xia et al., 2011). Data suggested that psychoeducation promoted global and social functioning in those with schizophrenia (Xia et al., 2011). Furthermore, psychoeducation has been positively correlated with an increase in quality of life, medication compliance and a reduction in length of hospital stay for those with schizophrenia (Xia et al., 2011). Reducing the length of stay for clients can result in substantial cost savings. Therefore, psychoeducational groups are a practical form of treatment, reducing costs in both inpatient care and community-based services.

A review of 25 research studies examined the effectiveness of psychoeducation as a treatment modality for schizophrenia (Lukens & McFarlane, 2006). Every study in the review concluded that psychoeducation is an effective resource in treatment, increasing social functioning while decreasing symptomology associated with schizophrenia (Lukens & McFarlane, 2006).

**Depression**
Depression is the third most common cause of consultation in primary care (Casans et al., 2012). Psychoeducational group therapy for major depression has been demonstrated to be effective at short-term and long-term follow up (Casans et al., 2012). A meta-analysis concluded that psychoeducational group therapy is an effective treatment for depression, as compared to other modalities of treatment (Cuijpers, 1998). Clients were more likely to participate in psychoeducational groups because of the nonstigmatizing format of group therapy and the topics discussed such as: treatment of specific populations, relapse prevention and primary prevention (Cuijpers, 1998).

**Anxiety**
The prevalence of anxiety disorders and treatment barriers has demonstrated a clear need for inexpensive, brief, and effective interventions such as psychoeducation (Donker et al., 2009). A meta-analytic review of the effectiveness of psychoeducation for psychological distress, anxiety, and depression (Donker, Griffiths, Cuijpers & Christensen, 2009), examined 9010 abstracts. Together, these studies suggested that brief psychoeducation treatment was effective for anxiety and depression (Donker et al., 2009). Because brief psychoeducational intervention is effective, it can be easily adapted to community-based treatment, resulting in effective and inexpensive service delivery (Donker et al., 2009). Symptoms associated with anxiety, depression, and psychological distress were reduced after the completion of brief psychoeducational intervention (Donker et al., 2009).

**Post-Traumatic Stress Disorder**
Current models suggest that post-traumatic stress disorder and pain are mutually maintaining (Morina et al., 2012). PTSD can heighten arousal, which in turn causes muscle tension (Morina et al., 2012). This pain can subsequently remind an individual of traumatic experiences. Any
maladaptive biological, cultural, personal, and environmental factor can lead to post-traumatic stress disorder (Oflaz, Hatipoğlu, & Aydın, 2008). Psychosocial and pharmacological interventions are the primary treatment options for post-traumatic stress disorder. The general goals of treatment are to normalize the stress response and to decrease anxiety. Significant treatment gains were made for participants in one study that used psychoeducational treatment as compared to pharmacological intervention (Oflaz et al., 2008). Participants in the psychoeducational group reported a greater relief of symptoms (Oflaz et al., 2008). Finally, participants who avoided using coping strategies demonstrated substantial positive correlations with depressive and PTSD outcomes (Oflaz et al., 2008).

**Types of Coping Strategies**

There are numerous coping strategies that are taught to clients in psychoeducational groups. Some of the most common and effective methods of coping with symptoms of severe mental illness include: progressive muscle relaxation, diaphragmatic breathing, biofeedback, social support, and reappraising the situation.

**Progressive Muscle Relaxation**

Perlman et al., (2010), found significant improvement in areas such as stress management, reducing anxiety by engaging in diaphragmatic breathing and progressive muscle relaxation (PMR), gains that can be made and maintained over time. PMR is a technique that allows individuals to learn, monitor, and control their muscular tension – enabling them to realize the difference between relaxation and tension (Vancampfort et al., 2011). PMR is an effective tool in reducing stress and anxiety with a variety of clients, including those with schizophrenia, prevalent in a majority of the population seeking community-based supports (Vancampfort et al., 2011). PMR is also positively associated with an increase in subjective well-being (Vancampfort et al., 2011).

**Diaphragmatic Breathing**

Diaphragmatic breathing has been demonstrated to normalize the stress response and assist individuals with emotion regulation (Brown, Gerbarg & Muench, 2013). Furthermore, breathing practices lower the level of stress and anxiety for clients with mental illness (Brown, Gerbarg & Muench, 2013). They can also reduce symptoms associated with post-traumatic stress disorder, depression, and attention deficit hyperactivity disorder (Brown, Gerbarg & Muench, 2013). Deep and slow breathing techniques have been demonstrated to be effective with a number of psychological symptoms (Busch, 2012). Both deep and slow breathing have decisively influenced pain perception and sympathetic arousal (Busch, 2012). Similar results shown reductions in negative feelings associated with depression, anger, and tension (Busch, 2012).

**Biofeedback**

Although biofeedback is typically used for physiological symptoms, research has demonstrated effectiveness through its use for post-traumatic stress disorder and other depressive disorders (Morina et al., 2012). Biofeedback has also been used to increase client’s motivation for subsequent trauma-focused therapy (Morina et al., 2012). Current models suggest that biofeedback increases motivation for future participation in group therapy (Morina et al., 2012). Biofeedback involves recognizing physiological symptoms associated with anxiety or PTSD, and changing the perceived response into a positive feeling (Morina et al., 2012). An example of
biofeedback could be the use of a thermometer to measure body temperature before, during, and after a relaxation exercise. This allows clients to psychically see the changes in their own body as a response to certain psychoeducational therapies.

Social Support
Psychoeducational groups provide clients with a network of social support from both mental health professionals and other individuals who have a severe mental illness (Ajdukovic et al., 2013). Social support has been particularly useful for clients who have been diagnosed with post-traumatic stress disorder (Ajdukovic et al., 2013). Participants in this study maintained mutual relations in social support and developed future-oriented coping. Through emphasizing the importance of social supports, clients were able to develop a greater sense of involvement and meaning for the future (Ajdukovic et al., 2013).

Reappraising the Situation
The use of reappraisal has been used as an adaptive cognitive strategy to reduce negative symptoms associated with mental illness (Ng & Diener, 2013). Reappraisal enables clients to cognitively reinterpret a conflict or situation: changing how one perceives events while changing the ability to deal with it. Reappraisal gives clients the ability to change the emotional impact of a stressful situation. Furthermore, reappraisal has been linked to a decrease in maladaptive emotional thoughts and experiences. Participants who used daily reappraisal could significantly reduce negative emotional response to external stimuli (Ng & Diener, 2013).

Conclusion
Psychoeducational groups offer numerous benefits to clients with a range of diagnoses. Their use in treatment has increased substantially over the last two decades, which is an important trend because of the predicted rate of severe mental illness doubling in the next 20 years (Pratt et al., 2008).

Psychoeducational groups have been demonstrated to treat a number of symptoms of mental illness. Providing clients with information on their mental illness is an important step for clients to develop a sense of self-worth congruent with society. Current literature demonstrates the importance of psychoeducational groups in treatment delivery, emphasizing their effectiveness for successful rehabilitation.
CHAPTER 3: METHODOLOGY

Participants
The manual is intended for use by staff of Frontenac Community Mental Health and Addiction Services with clients 18 years or older. Best practices for FCMHAS clients were identified from a literature review. Participants will be between the ages of 18 and 65 years, and may have a number of mental disorders, including: schizophrenia, depression, anxiety, and post-traumatic stress disorder. The psychoeducational components of the resource manual, including symptom management, were selected for these clients. Since the manual’s main focus is recognizing and treating symptoms related to mental illness, this manual should not be used for clients who are accessing the agency for problems related to substance use.

Facilitators
The manual is designed to be used by trained mental health care professionals at FCMHAS. Facilitators at FCMHAS should develop therapeutic rapport with clients, as this is an important facet for service implementation. FCMHAS provide pertinent and extensive training to all of its staff members, including Applied Suicide Intervention Skills Training (ASIST), anti-stigma training and other related mental health care training. Facilitators should become familiar with the manual and its service implementation in order to successfully conduct psychoeducational groups.

Design and Methodology
This manual was designed and created by the study’s author as part of a 14-week applied thesis placement in the Bachelor of Applied Arts in Behavioural Psychology degree program. The focus of this manual is identifying mental illness, learning about symptomology, and developing techniques on how to cope with severe mental illness. Each topic addresses the specific needs of clients who access community-based services. The topics have their own sections in the resource manual, with tips and how-to subsections. These subsections include recommendations for the location and time of groups, how the lighting should be (e.g. for progressive muscle relaxation) and recommended group sizes and lengths. Materials have also been added to the binder, such as informational posters describing upcoming groups, and CD’s with appropriate music for diaphragmatic breathing, etc. The length of the groups should be between 1 and 1 ½ hours. Facilitators should use this as a guide only, adapting service delivery to the individual needs of the clients. The group sessions should be held at the main FCMHAS location, 385 Princess Street in Kingston, Ontario. The groups will meet in the conference room which accommodates a large number of individuals and has computer access, projectors, and a roundtable to encourage discussion. Groups can be held at the facilitator’s discretion or on a regular basis such as once per week. Frequency should be communicated with the clients and the main FCMHAS to ensure the conference room is reserved.

Materials
The manual itself provides all of the content for psychoeducational groups, including: scripts, client handouts, coping strategies, and research on many forms of severe mental illness. Facilitators should bring additional resources such as pencils, paper, and additional copies of the group evaluation form for clients to complete. Facilitators may also bring other materials such as
relaxation audio tapes for use during therapy. For biofeedback exercises, facilitators will need thermometers to measure change in client’s temperature.

**Procedure**
The manual is divided into six sections.  
Section 1 includes an overview of psychoeducation, an introduction to conducting groups, and to the benefits that clients can receive from taking part in them. A protocol has also been included for screening out substance use issues, as this manual is intended for use by those with severe mental illness.  
Section 2 provides an overview of the FCMHAS ethical and confidentiality policies and procedures. Supervision and informed consent are also discussed. Facilitators are directed to the established FCMHAS procedures for confidentiality and informed consent – following the protocol for the collection of client information, consent for participation and confidentiality.  
Section 3 is designed to allow for easy group implementation by any FCMHAS staff member. Included in this section are expectations for clients, the drop out and inclusion policy, and the client feedback and satisfaction survey.  
Section 4 includes the sessions that address illness management and coping strategies. In-depth scripts are provided to facilitators, which give a detailed description of pace and general direction for each coping strategy. The general goals of psychoeducational group therapy are described, including education on illness management and development of coping strategies.  
Section 5 provides facilitators with the other resources required to conduct psychoeducational groups. Additional scripts and client handouts are also provided.

**Supporting Literature and Information**
A literature review identified a number of best practices for service implementation, which included the use of scripts for conducting psychoeducational groups. Therapeutic techniques to reduce symptoms associated with mental illness were included – allowing facilitators to teach clients methods of recognizing and addressing decomposition. In addition to literature review, informal feedback was obtained from a number of residential support workers, team leaders and group implementation committee members. Staff emphasized the need for a manual that would be easy to implement, especially with a number of part-time relief workers who may not be accustomed to conducting groups. For ease of implementation, scripts and rationales for each treatment modality have been included. This ensures that all staff members will be able to conduct groups with minimal supervision or research.  

**Confidentially and Informed Consent**
The manual directs facilitators at FCMHAS to follow the agency’s protocols for collection of client information, consent for participation, and confidentiality. The client satisfaction survey included in Appendix B is to be completed anonymously with no identifiable information. The Client Record Management System (CRMS) should be used for documentation and data collection on a secure server.

**Measures**
An evaluation of the manual could not be conducted due to time constraints. However, the face validity of the resource manual was assessed by seeking informal feedback from the group implementation committee and housing rehabilitation workers at FCMHAS.
Group Evaluation

To evaluate group implementation, feedback forms have been included as a resource for FCMHAS staff to administer at the end of psychoeducational sessions. These forms will allow facilitators to determine the perceived effectiveness of each group topic and usefulness of the symptom management techniques discussed. As previously noted, group evaluation surveys should be conducted anonymously. These brief evaluations will be conducted after each session to improve future service delivery. The group evaluations should indicate which aspects of the group sessions they enjoy and which could use improvement. For example, clients are asked if the length of the group is appropriate. Based on their rating and comments, the facilitator should consider adjusting the session based on the overall feedback. This evaluation tool can be found in the manual under Appendix B.
CHAPTER 4: RESULTS

Final Product
The final product presented to Frontenac Community Mental Health and Addiction Services included a facilitator manual with a number of resources which can be found in Appendix B. These resources included group feedback forms and scripts for progressive muscle relaxation, diaphragmatic breathing, biofeedback and reappraisal of the situation. All of the resources available in this manual were saved and catalogued into an electronic data base. Ensuring this manual was available to all staff and across agency locations is imperative to successful group implementation. Members of the group implementation committee were given the ability and permission to modify topics, scripts, and feedback forms to adapt to changing needs and requirements of the agency in the future.
The manual is divided into five sections. Section 1 includes an overview of psychoeducation, an introduction to conducting groups, and to the benefits that clients can receive from taking part in them. Section 2 provides an overview of the FCMHAS ethical and confidentiality policies and procedures. Supervision and informed consent are also discussed. Facilitators are directed to the established FCMHAS procedures for confidentiality and informed consent – following the protocol for the collection of client information, consent for participation and confidentiality. Section 3 includes expectations for clients, the drop out and inclusion policy, and the client feedback and satisfaction survey. Section 4 includes the sessions that address illness management and coping strategies. In depth scripts are provided to facilitators which give a detailed description of pace and general direction for each coping strategy. Finally, section 5 provides facilitators with the other resources required to conduct psychoeducational groups. Additional scripts and client handouts are also provided.
The manual was designed specifically for staff at FCMHAS, tailoring the content of the manual to adhere to FCMHAS’ policies, practices, and infrastructure. All relevant information and resources have been included to successfully implement numerous psychoeducational groups. Facilitators were provided with a number of scripts for ease of implementation of groups.

Feedback
Due to time constraints, no formal evaluation was conducted with clients and staff regarding the effectiveness of the manual. However, agency staff gave feedback on what should be included or removed in the manual. Changes to the manual were also based on feedback from the group implementation committee at FCMHAS. The results of these changes are discussed below.

Changes to the Manual
Feedback received from agency staff identified a need for general group sessions instead of specific and subsequent lesson plans. FCMHAS has an open group policy which allows facilitators to pick the topic based on the clientele present for the session. This enables the facilitators more choice and flexibility to conduct groups that will benefit their clients. Secondly, more scripts at different lengths were included for progressive muscle relaxation. Staff felt that progressive muscle relaxation could be administered in combination with other group topics. Also, clients may request PMR after a session, which could be completed in a very short amount of time. This also allows clients to perform PMR on their own, thus increasing the effectiveness and generalization of coping strategies.
CHAPTER 5: DISCUSSION

Summary
This thesis sought to enhance supports for agency staff at Frontenac Community Mental Health and Addiction Services. A review found a lack of resources to assist staff in planning and conducting psychoeducational groups. This thesis intended to support the group implementation committee at FCMHAS in developing empirically validated standardized psychoeducational group sessions, and incorporating them throughout the agency. The information chosen was based upon an extensive review of best practices for clients with severe mental illness.

This thesis provides FCMHAS staff with the tools and materials required to successfully facilitate psychoeducational groups. FCMHAS was given this manual as a template for other group topics such as activities in daily living and skill building; which could be adapted for future use. This manual, all of its contents, and additional resources (powerpoints, scripts) were also provided and remain on an online data base. The committee in charge of group implementation was given permission to adapt the manual based on changing agency needs.

Strengths
The foremost strength of this thesis is that it incorporates empirical literature relevant to the specific populations who access services at FCMHAS. The psychoeducational groups included in this thesis are considered to reflect best practices for the intended population.

Another strength of this thesis is that it was designed for ease of use and implementation for clients. The coping strategies were clearly presented and information was provided to properly set up and run groups. Scripts for group topics such as progressive muscle relaxation were included. Client handouts were also included, which will increase the likelihood of generalization and maintenance of the coping strategies taught.

There is a current shift in mental health care treatment to more community based interventions. The prevalence of those with severe mental illness is also increasing in the general population. This manual, which includes a number of best practices, should be a useful tool for facilitators at FCMHAS. The use of manuals in service delivery allows for ease of service delivery, providing all of the required resources to conduct psychoeducational groups.

Limitations and Challenges
Although this manual may be beneficial to staff, no formal means of data collection were used. Time constraints prevented the writer from conducting an analysis of its effectiveness with clients. Continually, clients were unable to provide feedback on the structure, content, and length of the sessions. Staff were provided with the assessment tools including client satisfaction form, which they can adapt program delivery based on feedback received.

It cannot be considered that all staff will find this manual useful, despite the manual’s organized and detailed sections. Staff were not given the ability to complete evaluation forms of the manual due to time constraints imposed on thesis completion.
An anticipated challenge in regards to the implementation of any manual for agency use is ensuring that staff are properly trained and communication is in place. It is difficult to ensure that an agency with 100’s of staff will become familiar with and use a manual. This highlights the importance of consistent and clear communication between the facilitators, managers, and the author of this project. To ensure proper implementation, the author will continue to work with prospective facilitators as well as the program managers in relaying the importance of this manual as well as its potential benefits. Collaborating with the group implementation committee at FCMHAS and continuing to develop program delivery will ensure that the manual is used agency wide.

Multilevel Challenges to Service Implementation

**Client Level:**
It was difficult to motivate older clients to engage in group activities. It was important to incorporate ways in which groups would interest these clients. It can also be difficult to work with clients who are not motivated to change. They may not understand that their behaviour can harm themselves and others. Clients with schizophrenia are sometimes not easily motivated to actively participate in treatments or therapeutic groups. This adds a level of difficulty when developing a manual to account for participation of all members in groups.

**Program Level:**
The agency had a limited number of resources for group implementation and did not have a standardized method of program implementation. Overcoming these challenges was crucial; working closely with staff and the group implementation committee allowed the development of this manual. There was also a lack of communication between staff which was a considerable issue during placement. Staff worked rotating shifts and were constantly changing routines. It was challenging to get opinions from staff and to determine what was already being completed in terms of group implementation.

**Organizational Level:**
The most difficult task for service implementation is ensuring continuity in the development of a resource manual. Limited staffing and availability of proper resources had severely restricted staff in what they could achieve. Groups were not conducted on a consistent basis or they lacked empirical support for efficiency and effectiveness. To ensure continuity, the resources included in the manual and structure were presented clearly, organized and developed with the ability to easily implement groups.

**Societal Level:**
Individuals in the community do not always have positive views of adults with severe mental illness. This can create an overall negative environment for those with SMI, as they may think that they have done something wrong even when they have not. In a psychoeducational manual, it is important to incorporate stigma awareness so that these individuals are better able to function in the community. This highlights the importance of connecting and networking with other clients in group sessions.
Contribution to the Behavioural Psychology Field

The field of Behavioural Psychology strives to create positive behaviour outcomes for clients with a number of mental health and substance use issues. To accomplish this, one must use current empirical literature. This field attempts to improve a client’s overall quality of life – foremost lessening the impact that severe mental illness has on a client’s functioning.

This thesis has the capability to contribute to current knowledge and implementation of psychoeducational groups. The current shift in mental health treatment includes a number of community based therapies. There is no doubt that group therapy plays a pertinent role in community based treatment. This manual will assist staff in facilitating effective and empirically validated groups. This manual may be adapted and modified to comply with specific agency requirements.

Recommendations for Future Research

It is recommended that future research focus on the development of the groups to expand on the literature and manual in order to include parents or guardians where applicable. Because of the age and situation of many of the clients, it was determined that a component of psychoeducation for parents would not be beneficial for its limited use. Many of the clients may not have family who are willing or available to participate in psychoeducational sessions. Further development should also expand upon the topics presented. Although in-depth scripts and information were provided; it may be beneficial to expand upon techniques such as progressive muscle relaxation that clients can perform on their own. The maintenance and generalization of these techniques is particularly important.
REFERENCES


APPENDIX A: PSYCHOSOCIAL REHABILITATION PRINCIPLES
Psychosocial rehabilitation (also termed psychiatric rehabilitation, or PSR) promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental health concern. Psychosocial rehabilitation services and supports are collaborative, person directed, and individualized, and an essential element of the human services spectrum. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports.

The following Core Principles and Values are meant to further describe key elements of Psychosocial Rehabilitation practice. In addition, all Psychosocial Rehabilitation service providers should be guided by the Psychosocial Rehabilitation/Readaptation Psychosociale (PSR/RPS) Canada Code of Ethics. All people receiving Psychosocial Rehabilitation services and supports have a right to request that these reflect PSR/RPS Canada’s Core Principles and Values. These principles and values are related to evidence-based PSR practices and informed by the lived experiences of individuals with mental health challenges.

PSR/RPS CANADA CORE PRINCIPLES & VALUES

1. Psychosocial rehabilitation practitioners convey hope and respect, and believe that all individuals have the capacity for learning and growth.

2. Psychosocial rehabilitation practitioners recognize that culture and diversity are central to recovery, and strive to ensure that all services and supports are culturally relevant to individuals receiving services and supports.

3. Psychosocial rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services and supports.

4. Psychosocial rehabilitation practices build on strengths and capacities of individuals receiving services and supports.

5. Psychosocial rehabilitation practices are person-centered; they are designed to address the distinct needs of individuals, consistent with their values, hopes and aspirations.

6. Psychosocial rehabilitation practices support full integration of people in recovery into their communities, where they can exercise their rights of citizenship, accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

7. Psychosocial rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.
8. Psychosocial rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, family members as defined by the individual, peer support initiatives, and self- and mutual-help groups.

9. Psychosocial rehabilitation practices strive to help individuals improve the quality of all aspects of their lives, including social, occupational, educational, residential, intellectual, spiritual and financial.

10. Psychosocial rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

11. Psychosocial rehabilitation services and supports emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Psychosocial rehabilitation programs include program evaluation and continuous quality improvement that actively involve persons receiving services and supports.

12. Psychosocial rehabilitation services and supports must be readily accessible to all individuals whenever they need them; these services and supports should be well coordinated and integrated as needed with other psychiatric, medical, and holistic treatments and practices.
Enhancing Supports for Adults with Mental Health Disorders:

A Psychoeducational Group Resource Manual

By

Jesse M. Vandermeer

Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College
2014
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SECTION 1
Purpose of the Manual
This manual was designed to aid staff at Frontenac Community Mental Health and Addiction Services (FCMHAS) in conducting efficient and effective psychoeducational groups. The format of this manual was selected to allow ease in implementation. The psychoeducational groups in the manual are intended to be a part of the broader services that FCMHAS provide. The layout and process of this psychoeducational manual will be modeled for other groups at FCMHAS such as social skills training and activities of daily living (ADL).

An overview of Psychoeducation
In 2012, one in six Canadians met the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) for at least one mental illness or substance use disorders. Many of these individuals seek assistance from community agencies to address a number of issues related to mental illness or substance use disorders. Psychoeducation is the education provided to those with a mental illness. Psychoeducation is often provided to those diagnosed with depression, schizophrenia, and anxiety disorders. Clients with severe mental illness (SMI) frequently present with a number of issues. These clients need care and supports appropriate for high levels of anxiety, and strategies for coping with symptoms of mental illness (Reid, Smiley and Cooper, 2011). Such strategies are taught to clients that they can utilize in the community. Psychoeducation provides clients with the tools and abilities to cope with mental illness - lowering relapse rates and reducing stress on the mental health care system. The client’s own skills and abilities are reinforced; capitalizing on the strengths of the individual.

Psychoeducation often includes family members of the clients. This manual will focus on psychoeducation provided to clients only, as to limit organizational concerns by staff members and to allow for enough space for clients in group sessions.

Conducting Psychoeducational Groups
Psychoeducation conducted in groups allows clients to connect with others who may encounter similar challenges in the community as a result of their mental illness.

Often times, clients receive a sense of connection to their community and develop supportive relationships within psychoeducational groups.

Benefits of Psychoeducation
Psychoeducational groups have been demonstrated to treat a number of symptoms of mental illness. Providing clients with information on their mental illness is an important step for clients to develop a sense of self-worth congruent with society. Current literature demonstrates the importance of psychoeducational groups in treatment delivery. Psychoeducational groups offer clients a number of positive skills and techniques that they can use to recognize signs of decompensation or relapse, and respond with illness management skills (Lefley, 2009). Many coping skills taught through psychoeducational groups rely on recognizing signs of
deterioration – targeting the problem before the client relapses or experiences the full impact of symptoms associated with mental illness effectiveness for successful rehabilitation.

**Group Screening**
Participants will be between the ages of 18 and 65 years, and may have a number of mental disorders, including: schizophrenia, depression, anxiety, and post-traumatic stress disorder. The psychoeducational components of the resource manual, including symptom management, were selected for these clients. Since the manual’s main focus is recognizing and treating symptoms related to mental illness, this manual should not be used for clients who are accessing the agency for problems related to substance use. To determine client eligibility, facilitators should access the individual files for diagnosis and demographic information.

**Using the Manual Effectively**
- This manual should be implemented in group settings for clients with severe mental illness. Please refer to the “group screening” protocol established in the section for selecting clients. Facilitators should be familiar with the client’s individual needs. This can be completed by accessing individual records on the Client Record Management System (CRMS).
- It is beneficial to review the contents of the lessons/group topics before each section. This will allow the facilitators to become more familiar and comfortable with service delivery.
- This manual should be used as a guide only. The order and timeline presented are meant to serve as an estimate to pace and delivery. Staff should determine what psychoeducational lessons are presented to clients based on their own needs.
- Each topic (biofeedback, reappraisal of the situation, progressive muscle relaxation, and diaphragmatic breathing) have an overview of the technique as well as scripts for facilitators to use. They may be modified depending on time allotted and feedback from clients.
About FCMHAS
Frontenac Community Mental Health and Addiction Services is a non-profit corporation providing a continuum of services to those with mental health and/or addiction issues in Frontenac County. The organization was established in 1972 and has grown steadily over the years from primarily an affordable housing program to a full service agency. Building on individuals’ strengths, our staff of over 160 offers supports recovery and community for persons with a mental illness and/or an addiction with an emphasis on psychosocial rehabilitation principles and practices. Frontenac Community Mental Health and Addiction Services once again achieved accreditation in May, 2011 with Accreditation Canada.¹

Ethical Behaviour/Confidentiality/Informed Consent
FCMHAS has an established procedure for consent and confidentiality in treatment groups. Therefore, the manual directs facilitators at FCMHAS to follow the agency protocol for collection of client information, consent for participation, and confidentiality. The client satisfaction survey included in this manual is to be completed anonymously with no identifiable information. The Client Record Management System (CRMS) should be used for documentation and data collection on a secure server.

Supervision
Facilitators should work closely with the group implementation committee for their first couple of sessions in order to learn how the psychoeducational groups should be conducted, as well as to ensure proper service to clients. Facilitators may also take on the role of supervisors, allowing co-facilitation by students on placement or other FCMHAS staff.

¹ Retrieved from www.fcmhas.ca
SECTION 3
Client Expectations
Clients should expect to have all of their questions and concerns answered before, during, and after therapy sessions. Facilitators should be aware of any risks or benefits that clients may receive while partaking in therapy. The client’s right to privacy and confidentiality should be explained thoroughly. Allow clients the time to fully understand the limits of confidentiality.

Open Groups: Drop Out and Inclusion Policy
As this is an open group, clients may choose to come and go as they please. Clients are not required to come to all of the group topics. However, clients will be encouraged to attend as many as possible in order to maximize the effectiveness of the psychoeducational groups. Please refer to the inclusion criteria to determine which clients will most benefit from this type of group psychoeducation.

Client Feedback and Satisfaction Survey
To evaluate group implementation, feedback forms have been included as a resource for FCMHAS staff to administer at the end of psychoeducational sessions. These forms will allow facilitators to determine the perceived effectiveness of each group topic and usefulness of the symptom management techniques discussed. As previously noted, group evaluation surveys should be conducted anonymously with no identifiable information present. Please use the following survey.
Client Satisfaction Survey

Circle the response that you feel best suits you to the following questions. All responses will be kept confidential:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am/was able to join the groups I wanted in a reasonable amount of time.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel like the group leaders helped me move in a positive direction.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>The length of the group meetings were appropriate.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I am satisfied with the level of care I received.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I have learned strategies to cope with my mental illness.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>Groups are held at times that work best for me.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel comfortable taking part in activities and discussions in groups.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel FCMHAS cares about my recovery.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I now feel more involved and active in the community as a result of what I have learned during group sessions.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I am treated with respect and feel accepted in groups.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel the groups are held in an accessible, easy to find building.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
<tr>
<td>I was able to develop and work towards my individual goals.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Any other Questions or concerns:
**Group Information Sheet**
Facilitators may have ideas for other psychoeducational or different types of groups. If so, they should complete the following form and direct it to the group implementation committee.
Name of Group: __________________________________________________

Type of Group: Therapy ☐ Skill Building ☐ Social/Rec ☐ Psycho-Ed ☐ Support ☐ Peer ☐ Workshop ☐

<table>
<thead>
<tr>
<th>Target Participants</th>
<th>Purpose of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Stages of Change, Readiness)</td>
<td>(Criteria, Stage of Change, etc.,):</td>
</tr>
</tbody>
</table>

Group Description and Content (attach additional info/documents as necessary)

Open to join at any time during group? ☐ Closed once the Group has started? ☐ Team Specific (i.e., Residential/ACTT) ☐

Location: ___________________________________  Day & Time: ___________________________________

Start date: ___________________________

# of Days per week: _______ length of each session (hrs): _______ # of weeks: _______

Maximum number of clients participating: ______________________

Facilitator(s): ___________________________________ Peer-led ☐

Staff contact person & phone #: ___________________________

Signature: ___________________________  Date Submitted: _____________
Accessing the Online Drive for Psychoeducational Resources
There are a number of online resources for facilitators to access on the FCHMAS online drive. All of the resources presented in this manual can be accessed as an electronic copy.

Group Facilitator Training and Qualifications
Facilitators at FCMHAS should be able to develop therapeutic rapports with clients, as this is an important facet of service implementation. FCMHAS provide pertinent and extensive training to all of its staff members, including Applied Suicide Intervention Skills Training (ASIST), anti-stigma training and other related mental health care training. Facilitators should become familiar with the manual and its service implementation in order to successfully conduct psychoeducational groups.

Facilitators should have well developed interpersonal and communication skills in order to successfully facilitate groups. Facilitators should also be able to prioritize and adapt to client needs during sessions.

Group Length
The length of the psychoeducational groups should be between 1 and 1 ½ hours. Facilitators should use this as a guideline only, adapting to the individual needs of the clients. Some group topics, such as diaphragmatic breathing and progressive muscle relaxation may take longer to complete than topics such as “what is psychoeducation”.

Group Location
Psychoeducational groups should be held at the main location, 385 Princess Street in Kingston, Ontario. These groups should be conducted in the main conference room where other groups are held on the second floor.

Room Set-up
The standard room set up found in the conference room is best for these psychoeducational groups. Clients should be facing each other in a large room with desks in front of them for group activities, filling out satisfaction surveys, and completing worksheets.
Group Introduction/Rules/Goals

Group rules should be discussed at the beginning of each session, as clients will differ from session to session. These goals may be verbally discussed and/or posted publicly on a powerpoint or on a large sheet of paper.

Some common group goals include:

- Participate to your fullest ability
- Share your experience if you are comfortable
- Respect others ideas
- You can say “pass” if you are asked to share
- What is said in the group, stays in the group
- One person speaks at a time

- An important aspect of groups and psychoeducation is allowing clients to gain a better understanding of their mental illness; connecting with others in similar situations.
- It can be beneficial to allow clients the opportunity to talk amongst themselves if they wish or share ideas as a group.
- Lefley (2009) outlines the following goals that could be considered when conducting psychoeducational groups.

The overall goals of psychoeducational groups for clients with severe mental illness are the education of illness management and the development of coping strategies.

Lefley (2009) describes three objectives that psychoeducational groups attempt to achieve:

1. Combating social isolation. Most participants suffer from serious, long term psychiatric conditions and many have histories of lengthy hospitalization. Even those who maintain close family contact typically have not been able to maintain earlier friendships with peers. When they come to the group, they are frequently isolates with few social outlets.
2. Redeeming a sense of self-esteem and hope for the future. Many members have a devalued self-concept, consider themselves losers, or view themselves as “mental patients” not worthy of the society of others. Some are angry at how they have been treated by former friends, or by the mental health system itself. The group message reframes the value of persons who suffer from a mental illness.
3. Encouraging people with serious mental illness to advance beyond their present life situation. Members have varying capacities for work or continuing education. There is often a reluctance to attempt unfamiliar challenges due to several legitimate concerns.
First is a well-grounded fear of incurring too much stress. The psychoeducational materials teach the biological response to stress in serious mental illness, and members know from their own experience that emotional dysregulation and hyperarousal can be precursors to decompensation. (p. 375)
What is Psychoeducation?

Psychoeducation may be a difficult topic for many with severe mental illness to acknowledge and comprehend. However, a basic understanding can be obtained from most individuals. The overall goals of psychoeducation include illness management and coping strategies; but learning about their illness in and of itself is also important.

*Care should be taken as to not overwhelm the client with information. If clients appear to seem overwhelmed, it may be beneficial to concentrate on coping strategies, presented further in this manual.*

Some of the important elements of psychoeducation include:

- Information (symptoms associated with their mental illness, treatment)
- Support through psychotherapeutic treatment (emphasizing patient compliance)
- Assistance and ability to help oneself (recognizing signs of deterioration)
- Emotional discharge (confiding in or seeking assistance from trained professionals)

The most common types of mental illnesses with those who seek treatment/group support include schizophrenia, depression, anxiety and post-traumatic stress disorder. This manual specifically discusses these diagnoses. Further information may be obtained from other facilitators, the online data base (CRMS) or from the group implementation committee. Facilitators may research these mental illnesses in-depth or other illnesses that potential clients present with.

*Please review the online data base for a review of each mental health disorder, and talking points to discuss with each client.*
Progressive Muscle Relaxation and Diaphragmatic Breathing

RELAXATION

Adapted from Leahy, Holland & McGinn, 2012

A number of relaxation techniques can benefit clients, from commercially produced tapes to scripts read by facilitators.

Most research-based relaxation treatments have been based on variations of progressive muscle relaxation. Typically, clients are taught a series of progressively shorter exercises designed to condition a relaxation response that can ultimately be evoked in a matter of seconds. The full sequence of progressive muscle relaxation exercises is described below, proceeded by a description of breathing relaxation exercises, which can be taught in less time and may be used when teaching the entire progressive muscle sequence does not appear necessary or practical.

Relaxation sessions should start with a rationale for treatment. Relaxation techniques are presented to clients as a method for counteracting the physiological response of anxiety; namely tension in muscles.

This should be tied to the symptoms that most concern the clients such as insomnia, muscle tension, or heart palpitations. Relaxation should be described as a skill that the client can learn to gain greater control of his or her own bodily responses. Like all skills, relaxation requires practice to master. The client should be told that the goal is to provide him or her with a rapid, reliable, and portable means for coping with anxiety.

**Breathing Relaxation**

Breathing relaxation exercises are brief and may be used when the more extensive muscle relaxation training described above is not practical. These exercises may also be particularly helpful for clients whose anxiety manifests itself as difficulty breathing. For some clients, a combination of progressive muscle relaxation (with 12 or 8 muscle groups) plus one or two breathing relaxation exercises can be very effective.
Before clients are taught any of the breathing exercises, they should be taught diaphragmatic breathing. Often clients are used to breathing only into their upper chests, sucking their abdomens in as they breathe. This can lead to hyperventilation and other breathing difficulties. In diaphragmatic breathing, the diaphragm at the base of the lungs is distended, which pushes the abdomen out and draws air into the lower lungs. You should first model diaphragmatic breathing for a client by placing your hand on your own abdomen, and then pushing it in as you exhale and out as you inhale. The client is then asked to do the same, continuing breathing in and out for approximately 2 minutes. Clients should be instructed to take normal-size breaths while doing this, rather than unusually large breaths, in order to avoid hyperventilation. Some clients will need to practice diaphragmatic breathing for a week before they can be taught the relaxation exercises. Once taught, the exercises should be practiced several times a day.

_Holding the Breath_

Inhale through the nose for a count of 3, drawing air into the lower lungs. Hold the breath for a count of 3. Then release the breath through pursed lips, while saying “Relax” to yourself. The following script can be used or adapted by agency staff for diaphragmatic breathing.

**Diaphragmatic Breathing Script**

Get into a comfortable position. Sit in your chair with your feet flat on the floor, your knees relaxed, your hands on your lap. Your back should be comfortably straight with the weight of your head balanced on top of your spinal column and a little arch in your lower back. Keep your eyes open or closed.

Focus on your breathing. Place your hand on the place that rises and falls as your breathe. If this place is your chest, move the breath lower, so that your abdomen rises and falls. Place a hand on your abdomen and notice how it rises and falls. As you breathe, notice your inhale – how the air fills as it fills your lungs, how your abdomen feels as it rises. Take a short pause between inhale and exhale – notice any sensations in your body. As you exhale, focus on the exhale. Notice how the air feels as you breathe out, and how your lungs and abdomen feel as they release the air. Repeat.

**Rhythmic Breathing**

Inhale through the nose for a count of between 3 and 6. Choose a count that feels comfortable to you. Exhale through the nose for the same count. Do not hold the breath in between. Continue breathing in this rhythm for up to several minutes.
**Counting Breaths**

The breath-counting exercise is adapted from Zen meditation, and can be particularly helpful for clients who find that their minds race when they are anxious. This exercise may be used for a minute or two as a brief form of relaxation, or it may be extended for 15 minutes or longer as a form of meditation.

Sit in a comfortable position, with the back relatively straight. Keep the eyes open and allow them to focus on the floor a yard or two in front of you. Breathe through the nose. Count each exhalation silently to yourself. When you reach 10, start again at 1. If your mind wanders and you lose track of the count (which is likely to happen), simply return to counting at 1.

**Progressive Muscle Relaxation**

The sequence of exercises described below is based on those of Barlow and Cerny (1988), Ost (1987), and Clark (1989).

**Twelve-Muscle-Group Relaxation**

Before starting the exercise, you, the therapist, should explain to the client that you will be asking him or her first to tense and then to relax different groups of muscles. The purpose is to help the client notice the difference between tension and relaxation. Describe the full exercise, and demonstrate the 12 muscle groups as follows:

1. Lower arms: Tightening the fists and pulling them up.
2. Upper arms: Tensing the arms by the side of the body.
3. Lower legs: Extending the legs and pointing the feet up.
4. Thighs: Pushing the legs together.
5. Stomach: Pushing it back toward the spine.
6. Upper chest and back: Inhaling into the upper lungs and holding for a count of 10.
7. Shoulders: Picking them up toward the ears.
8. Back of the neck: Pushing the head back.
9. Lips: Pursing the lips without clenching the teeth.
10. Eyes: Squinting with eyes closed.
11. Eyebrows: Pushing them together.
12. Upper forehead and scalp: Raising the eyebrows.

Next have the client assume a comfortable seated position, with both legs on the floor, while you narrate the relaxation exercise. This should be audiotaped so that the client can practice the exercise at home. The client may keep his or her eyes open during the training in order to follow you, but should close the eyes when practicing.

Tell the client to focus on his or her breathing. After two or three breaths, begin the instructions for tensing each muscle group. Name the muscle group and instruct the client to tense it while you count to 5 and then say, “Release.” You can demonstrate by doing the exercise along with the client. There should be a pause of 15 to 20 seconds between each muscle group, during which time you should give suggestions for relaxation, such as the following:

“Notice the difference between the tension and the relaxation.”

“Feel the muscles grow more relaxed.”

“Let the muscles grow soft and warm.”

“Continue breathing easily.”

After completing all 12 muscle groups, instruct the client to focus again on his or her breathing. Then say, “I am now going to count you down from 5 to 1. With each count, you will grow more relaxed.” Begin counting, timing each count with an exhalation if possible, and allowing one or two breaths between each count. Between each count, give further suggestions for relaxation, such as these:

“Feel the relaxation spreading down from the top of your head, through your face and neck.”

“Feel it spreading down through your shoulders and your arms, down through your torso.”

“Feel it going down through your legs and feet.”

“Feel the relaxation spreading through your whole body. You are growing more and more deeply relaxed.”

After reaching the count of 1, instruct the client to focus again on breathing and to say “Relax” to himself or herself with each exhalation. After a minute or two, tell the client, “I am now going to count you up from 1 to 5. With each count you will become a little more alert, while staying very relaxed, until on 5 you open your eyes.” Then count the client up from 1 to 5, again timing the count with the client’s breathing. On 5, instruct the client to open his or her eyes.

The client should be assigned to practice relaxation twice a day. Practice at first should not take place during stressful situations. Emphasize that relaxation is a skill, and that as with any skill, it
takes time to get good at it. The client may not feel much relaxation at first, but will find that over time he or she is able to become deeply relaxed.

Some clients have difficulty with this exercise, because they become so focused on trying to relax that they make themselves more tense. These clients should be told that their goal is not to relax; rather, it is simply to follow the instructions on the tape. Other clients report muscle soreness after trying the exercise. They are usually applying too much tension. They should be instructed to use only three-quarters tension when tightening their muscles. Clients with abuse histories sometimes have difficulty letting go of enough control to relax. They can be assigned to practice a few muscle groups for a week in order to get used to the exercise, and then to build up to all 12 muscle groups.

After practicing for a week with the tape, the client should be instructed to begin doing the exercise without the tape and to practice it in various positions and times of day (e.g., sitting with feet up, lying in bed, sitting in an office chair).

Eight-Muscle-Group Relaxation

Once the client has mastered the full-length muscle relaxation procedure described above (generally 1–3 weeks), eight-muscle-group relaxation can be taught. The client is told that the goal is to help him or her achieve the same level of relaxation in a briefer time. The instructions are the same as for 12-muscle-group relaxation, except that only the groups listed below are used.

1. Whole arms: Slightly extended, elbows bent, fists tightened and pulled back.
2. Whole legs: Extended, toes pointed up.
3. Stomach: Pushing it back toward the spine.
4. Upper chest and back: Inhaling into the upper lungs and holding for a count of 10.
5. Shoulders: Picking them up toward the ears.
7. Face: Squinting eyes, scrunching features toward tip of the nose.
8. Forehead and scalp: Raising eyebrows.

The time between tensing each muscle group should be lengthened to a minimum of 30 seconds.
The rest of the exercise (i.e., counting down, breathing while saying “Relax,” counting up) remains the same. This exercise may be audiotaped, but clients should be encouraged to practice without the tape as soon as they have learned the sequence.

*Four-Muscle-Group Relaxation*

Relaxation with just four muscle groups further shortens the time needed to relax. Proceed as with the eight-muscle-group relaxation, but use only the following muscle groups:

1. Whole arms: Slightly extended, elbows bent, fists tightened and pulled back.
2. Upper chest and back: Inhaling into the upper lungs and holding for a count of 10.
3. Shoulders and neck: Slightly hunching the shoulders and pushing the head back.
4. Face: Squinting eyes, scrunching features toward tip of the nose.

For homework, have the client practice this exercise in a variety of positions and settings (e.g., waiting for a bus, walking, sitting at a desk).

*Release-Only Relaxation*

The purpose of the release-only exercise is to have clients begin to relax without first using tension.

The same four muscle groups are used as in the prior exercise. The client is asked to focus on the first muscle group, noticing any tension that is present. He or she is then asked to recall the sensation of relaxation and to relax the muscles. Allow 30 to 45 seconds and give relaxation suggestions, as before. Then ask the client to signal if the muscles are not fully relaxed by raising one finger. If they are fully relaxed, proceed to the next muscle group. If not, repeat the instructions.

If a muscle group is still not fully relaxed, have the client tense and then release that muscle group. After all four muscle groups are relaxed, follow the usual procedure for counting down, repeating “Relax,” and counting up.

If the client is able to relax all four muscle groups without first tensing, have him or her practice this exercise during the next week. If not, have the client continue to practice the four muscle-group relaxation, occasionally trying release-only relaxation until he or she is able to master it.
**Cue-Controlled Relaxation**

Cue-Controlled relaxation is the final exercise in progressive muscle relaxation. To teach it, have the client do release-only relaxation and signal when he or she is fully relaxed. Then instruct the client to take one to three deep breaths and think “Relax” with each exhalation, while scanning the body for any tension and releasing it. “Relax” becomes the cue to signal the client’s body to relax. Once the client has learned this exercise, it should be repeated in session without being preceded by the release-only procedure. Clients are then instructed to practice cue-controlled relaxation 10 to 15 times each day, in a variety of settings. Certain cues may be established as reminders to relax (e.g., looking at a watch, stopping at a red light, hearing the phone ring, etc.).

Clients may also stick small colored dots in various places (on a mirror, on a desk, on the phone, etc.) as prompts for relaxation.

**Application Practice**

At each stage of training, clients are instructed to practice relaxation in non-anxiety-provoking situations. However, in order to be most effective, the relaxation exercises must be applied in situations where the clients feel anxious. Clients should be taught to recognize early warning signs of anxiety, and to apply the techniques before they become highly anxious. Application practice should be done daily.

*Please see Section 5 for additional progressive muscle relaxation scripts. These scripts vary in length and complexity for clients familiar with and who have participated in progressive muscle relaxation.*
Reappraising the Situation

Reappraising the situation is a simple cognitive technique used to enable clients to evaluate stressful or maladaptive situations.

The use of reappraisal has been used as an adaptive cognitive strategy to reduce negative symptoms associated with mental illness. Reappraisal enables clients to cognitively reinterpret a conflict or situation; changing how one perceives events while changing the ability to deal with it. Reappraisal gives clients the ability to change the emotional impact of a stressful situation. Furthermore, reappraisal has been linked to a decrease in maladaptive emotional thoughts and experiences. Participants who used daily reappraisal could significantly reduce negative emotional response to external stimuli.

The following is a script that can be adapted for use with clients, allowing them to interpret and evaluate negative schemas, situations or thoughts. Approximate flow and timing of session is provided. You will require a number of pens and a blank “worksheet” for each client participating.

*Please take note of the client’s level of comprehension and willingness to listen to instructions. This exercise may not be suitable for clients with low cognitive ability.

Reappraising the Situation

Adapted from Weng, Fox, Shackman, Stodola, Caldwell, Olson, Rogers & Davidson

Cognitive Reappraisal Script

0:00

We will begin the reappraisal task in a few seconds. Please make sure you have your paper in front of you and a pen or a pencil to use. Find a comfortable position, settle into your seat, and take a moment to clear your mind so that you can concentrate on the task.

Try to recall an experience from the past two years that was difficult or stressful for you and continues to upset you when you think about it. It could be a major event that upset you considerably or it could be a minor event that upset you recently.

Examples would include a disagreement with your roommate, a difficult conversation with a boyfriend or girlfriend, arguing with a parent, or troubling news from a family member. It could be an experience you used before while doing this task, if that experience is still upsetting you. Otherwise, please think of a different experience.

2:00
Take the next couple of minutes to imagine the experience, as it happened, as vividly as you can. Envision the events exactly as they happened. Picture every little detail of what happened, who was present

{10 seconds}

where it took place

{10 seconds}

and how it unfolded

{10 seconds}

Think of the worst moment in the experience and how it occurred.

{10 seconds}

4:00

Write a brief description of the experience you selected in the first section of the worksheet. One sentence would be sufficient.

5:00

Now turn your attention to the second section of the worksheet. Here we are interested in your feelings during the experience. Write a description of how you were feeling at the time. Limit your description to the one word or phrase that best describes that feeling. Examples would include: sad, angry, anxious, heartbroken, frustrated, irritated, disappointed, depressed, grief-stricken, and guilty.

6:00

Now please rate the intensity of the feeling you listed on a scale from 0 to 100. 0 means you did not have that feeling at all during the experience and 100 means you had that feeling more intensely than ever before in your life.

6:30

Now please rate the current intensity of your feeling about the experience on a scale from 0 to 100. 0 means you do not have that feeling at all and 100 means you have that feeling more intensely than ever before in your life. The rating should be of the same feeling you rated in the last step.

7:00
Now turn your attention to the third section of the worksheet. Here we are interested in your thoughts during the experience. Write some of the thoughts you had at the time in the space provided.

You will have 3 and a half minutes for this part of the reappraisal task. Please write for the entire length of time if you are able to. If you have trouble with this task, ask yourself,

How did I look at this experience?

{10 seconds}

What did it mean to me?

{10 seconds}

What did it mean about me?

{10 seconds}

What implications did I think it had for my future?

You may also think back to the one word that describes your feeling of the experience.

9:30

You have one minute left for this part of the task. If you have finished writing, use the next minute to review the thoughts you had during the experience.

10:30

Now finish writing, if you haven’t already.

{5 seconds}

Now we would like you to try to think about the experience in a different, less upsetting way. We are going to help you to do this by providing some instructions.

Think of someone you know well, a specific person who has a much different personality than your own, and tends to react to things much differently than you do. Think of someone who would think in a way where he or she would react to the situation less negatively.

It could be a family member, a friend, a romantic partner, or anyone else you know well.

Please write the name of the person and your relationship to that person.

{10 seconds}
How do you think that person would view the same experience if they went through it? {10 seconds}. Write some of the thoughts that person would be likely to have, that are different from your own.

You have five minutes for this part of the reappraisal task. Please write for the entire time if possible.

15:00

You have one minute left for this part of the task. If you have finished writing, use the next minute to review the thoughts you attributed to the other person.

16:00

Now finish writing, if you haven’t already. {5 seconds} Before moving to the next section of the worksheet, we would like you to make two ratings.

First, how reasonable does the other person’s view of the experience seem to you? Use a scale from 0 to 100, where 0 means his or her view seems completely unreasonable and 100 means his or her view seems completely reasonable.

16:30

Second, how do you feel about the experience now after considering this point-of-view? Use a scale from 0 to 100, where 0 means you have no bad feeling at all and 100 means you have that feeling more intensely than ever before in your life.

17:00

We would again like you to try to think about the experience in a different, less upsetting way, and we are going to help you to do this by providing some instructions. Imagine that instead of feeling upset in the situation, you had very little emotional reaction at all. {10 seconds}.

How might you see the situation that would lead you to feel neutral about it? {10 seconds}

Write some of the thoughts you would have to think, in order to be unaffected by the experience. You have five minutes for this part of the reappraisal task. Please write for the entire time if possible.

21:30
You have one minute left for this part of the task. If you have finished writing, use the next minute to review the thoughts you would have to think in order to be unaffected by the experience.

22:30

Now finish writing, if you haven’t already.

{5 seconds}

Before moving to the next section of the worksheet, we would like you to make two ratings. First, how reasonable does this view of the experience seem to you? Use a scale from 0 to 100, where 0 means the view seems completely unreasonable and 100 means the view seems completely reasonable.

23:00

Second, how do you feel about the experience now after considering this point-of-view? Use a scale from 0 to 100, where 0 means you have no bad feeling at all and 100 means you have that feeling more intensely than ever before in your life.

23:30

Now finish writing, if you haven’t already.

{5 seconds}

We would again like you to try to think about the experience in a different, less upsetting way, and we are going to help you to do this by providing some instructions. Imagine your life a full year from now. Imagine that it has been a very good year. You have been enjoying yourself and accomplishing your goals.

{10 seconds}

How might you look at the experience differently, a full year from now?

{10 seconds}

Write some of the thoughts you might have about the experience, a year from now. You have five minutes for this part of the reappraisal task. Please write for the entire time if possible.

28:00

You have one minute left for this part of the task. If you have finished writing, use the next minute to review the thoughts you might have about the experience, a full year later.

29:00
Now finish writing, if you haven’t already. {5 seconds} To complete the worksheet, we would like you to make two ratings. First, how reasonable does this view of the experience seem to you? Use a scale from 0 to 100, where 0 means the view seems completely unreasonable and 100 means the view seems completely reasonable.

29:30

Second, how do you feel about the experience after considering this point-of-view? Use a scale from 0 to 100, where 0 means you have no bad feeling at all and 100 means you have that feeling more intensely than ever before in your life.

30:00

This concludes the task. Thank you for your attention.
Biofeedback
Biofeedback is the process of gaining awareness of physiological symptoms as they relate to stress, anxiety, or other symptoms related to mental illness. Biofeedback primarily utilizes instruments such as a thermometer to measure temperature changes in the body. Facilitators can use these findings with clients before and after treatment to allow them to realize that psychological symptoms can change through treatment.

The overall goal is to gain a greater understanding of how thoughts, behaviour, and emotion can impact psychological symptoms. Eventually, clients may develop the skill of changing these feelings without the use of equipment.

The following script is a guideline and may be adapted based on length and number of clients present. Please refer to the group implementation committee for these resources. Because this exercise is not as commonly completed, it may be helpful to review the script and refer to other group implementation members for advice.
Biofeedback Script

Biofeedback therapy is a way to get feedback from the body to measure how relaxed you are. This exercise uses simple biofeedback therapy you can do easily at home.

When you are relaxed, breathing rate slows, heart rate decreases, hands and feet become warmer, blood pressure and muscle tension decrease, and brain waves change. By measuring these types of physical responses, it is possible to determine how relaxed or how stressed the body is.

In this exercise, you can measure hand temperature to indicate relaxation. You will need a thermometer - the kind with liquid inside is best - that you can hold in your hand or attach to your index finger with surgical tape.

If you know when your body is more relaxed, you can learn to deliberately cause a relaxed state.

By using biofeedback therapy, you can learn to control physical responses that are normally automatic. Those who are skilled can actually change their heart rate, blood pressure, body temperature, and other factors at will.

Here the objective is to learn to become relaxed at will by learning to alter your hand temperature.

To begin, attach the thermometer to the palm side of your index finger using surgical tape, or just hold the thermometer gently in your hand. Keep the thermometer in this position for the duration of this biofeedback therapy relaxation exercise.

First, let’s get a baseline temperature, to see what temperature your hands are right now, and give you a number to compare to at the end of this biofeedback therapy exercise.

I’ll pause now for one minute to allow you to get a temperature reading and find a comfortable position where you can relax.

(Pause)

Okay. Now you can read the temperature on the thermometer. Write this number down.

Let’s begin the biofeedback therapy exercise. Get comfortable. You may want to sit or lie down. Uncross your legs to improve circulation. Place your hands in your lap or at your sides.

Begin to relax by focusing on breathing.

Breathe slowly in...and slowly out...

In...and out...

In...out...

In...out...

Keep breathing slowly...comfortably...relaxing more and more with each breath. Allow each breath to calm and relax you.

Now you can relax your body all the way from the tips of your toes to the top of your head.

Start by focusing on the tips of your toes. Imagine a feeling of warmth beginning in the tips of your toes. Imagine what this warmth would feel like if it was to spread from your toes up to your feet, warming and relaxing your feet completely.

Allow your feet to become limp. They may even feel heavy...warm...heavy...and relaxed.

Let this feeling of relaxation continue to your ankles...up to your lower legs...your knees...

Let your lower legs completely relax now. Allow the relaxation to continue...to your upper legs...all the way to your hips, letting your legs be completely limp and loose and relaxed. Heavy with relaxation.

Focus on the core of your body now...from your hips to your stomach and lower back...to your chest and upper back...your sides...all the way to your shoulders.

Feel your calm breathing...gently moving your stomach...chest...and sides...so relaxed and calm and pleasant...

Concentrate on the tips of your fingers. Imagine a feeling of warmth beginning in the tips of your fingers...spreading up your fingers and thumbs...to your hands...to your wrists...

Your hands may feel warm...and heavy...so warm and heavy with relaxation...limp...relaxed...filled with warmth and relaxation...

Allow this feeling of relaxation to spread to your lower arms...elbows...upper arms...shoulders...

Let your arms completely relax from your shoulders to your fingertips...so completely loose and limp...filled with warmth and relaxation...so heavy...so relaxed...

Allow your neck to relax...your face...your head...

Let your forehead become smooth, cool, and relaxed.
Feel your whole body relaxing...letting go...allow all the muscles to give up their hold...becoming totally limp...loose...and relaxed...

You may even feel like your body is sinking into the surface you are on...your arms and legs are becoming heavier...so very heavy...sinking down...

Imagine that your body is made of caramel, or chocolate, or some other solid that can be melted. Right now, your body is like a solid, hard piece of caramel.

Imagine a feeling of warmth, starting in your hands and feet, that starts to soften the caramel that your body is made of. Soon your hands and feet are soft...getting softer and more liquid. The warmth spreads throughout your body...from your hands, up your arms. Feel your arms melting, softening. It is a pleasant feeling...so relaxing.

Feel the warmth as it continues up from your feet, up your legs. Notice your legs softening, as if they are melting to a completely relaxed state.

Feel the core of your body as the warmth coming from your arms and legs meets at your stomach. Feel your core relaxing, melting. Imagine that your whole body is very soft...like caramel that has melted and is soft and stretchy.

Simply rest, enjoying this relaxation. Floating...relaxing.

(Pause)

Repeat the following relaxing statements in your mind, imagining each one:

My right arm is warm
My left arm is warm
My right arm is heavy
My left arm is heavy
My right arm is warm and heavy
My left arm is warm and heavy
Both arms are warm and heavy
My right leg is warm
My right leg is heavy
My left leg is warm
My left leg is heavy
Both legs are warm and heavy
My arms and legs are warm
My arms and legs are heavy
My arms and legs are very warm and very heavy
My heart rate is slow and regular
My heart beat is slowing comfortably
My forehead is cool
My arms and legs are warm and heavy
My heart beat is slow and steady
My forehead is cool
My arms and legs are very warm…relaxed...
My arms and legs are so heavy and relaxed
My heartbeat is steady...slow...relaxed…
My forehead is smooth and cool
I am relaxed
I am relaxed
(Pause)
As you relax...so deeply...so comfortably...you might become aware of the warmth in your hands...so warm and relaxed...filled with heaviness and relaxation...
Drifting pleasantly...
It feels so good to relax...so pleasant...calm...relaxed...peaceful...
(Pause)
Notice that you can relax even more deeply by counting. In a moment, you can begin, starting at 100. If you lose count at any point, simply begin back again at 100. Start now, at 100...count backwards slowly...focusing completely on the numbers...99...

98...

Keep counting on your own, just focusing on the numbers...

Drifting deeply into relaxation...

So relaxed and comfortable...calm and relaxed...

Keep counting slowly...relaxing more deeply with each number...

(Pause)

Now you can stop counting...and just relax...letting the numbers fade away...so completely relaxed and calm and comfortable...

(Pause)

Now you have completed the biofeedback therapy exercise.

In a moment you can compare the temperature of your hand at the beginning of this biofeedback therapy exercise to the temperature of your hand at the end of this biofeedback therapy exercise, and see if there is any change. You may notice that your hand became warmer. With practice, you can learn to relax more easily. It is best to practice this biofeedback therapy exercise every day.

Slowly reawaken your mind and body...returning to full alertness. I will count to five, and when you hear the number five it causes you to open your eyes and feel completely energetic, awake and alert.

One...

Two...

Three...

Four...

Five.

Good. Now sit quietly for a few moments, and look at the reading on the thermometer in your hand. Write this number down. Compare the numbers before and after this biofeedback therapy exercise.
When you feel completely awake and alert you can resume your usual activities, feeling calm and filled with energy.
Progressive Muscle Relaxation Script
Adapted from The Anxiety & Phobia Workbook, by Edmund J. Bourne

Note: This script will take approximately 15-20 depending on pace

Progressive muscle relaxation is an exercise that relaxes your mind and body by progressively tensing and relaxation muscle groups throughout your entire body. You will tense each muscle group vigorously, but without straining, and then suddenly release the tension and feel the muscle relax. You will tense each muscle for about 5 seconds. If you have any pain or discomfort at any of the targeted muscle groups feel free to omit that step. Throughout this exercise you may visualize the muscles tensing and a wave of relaxation flowing over them as you release that tension. It is important that you keep breathing throughout the exercise. Now let’s begin.

Begin by finding a comfortable position either sitting or lying down in a location where you will not be interrupted. Allow your attention to focus only on your body. If you begin to notice your mind wandering, bring it back to the muscle you are working on.

Take a deep breath through your abdomen, hold for a few second, and exhale slowly. Again, as you breathe notice your stomach rising and your lungs filling with air.

As you exhale, imagine the tension in your body being released and flowing out of your body. And again inhale…..and exhale. Feel your body already relaxing.

As you go through each step, remember to keep breathing.

Now let’s begin. Tighten the muscles in your forehead by raising your eyebrows as high as you can. Hold for about five seconds. And abruptly release feeling that tension fall away.

Pause for about 10 seconds.

Now smile widely, feeling your mouth and cheeks tense. Hold for about 5 seconds, and release, appreciating the softness in your face.

Pause for about 10 seconds.

Next, tighten your eye muscles by squinting your eyelids tightly shut. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Gently pull your head back as if to look at the ceiling. Hold for about 5 seconds, and release, feeling the tension melting away.

Pause for about 10 seconds.
Now feel the weight of your relaxed head and neck sink.

Breath in…and out.

In…and out.

Let go of all the stress

In…and out. Now, tightly, but without straining, clench your fists and hold this position until I say stop. Hold for about 5 seconds, and release.

*Pause for about 10 seconds.*

Now, flex your biceps. Feel that buildup of tension. You may even visualize that muscle tightening. Hold for about 5 seconds, and release, enjoying that feeling of limpness.

Breath in…and out.

Now tighten your triceps by extending your arms out and locking your elbows. Hold for about 5 seconds, and release.

*Pause for about 10 seconds.*

Now lift your shoulders up as if they could touch your ears. Hold for about 5 seconds, and quickly release, feeling their heaviness.

*Pause for about 10 seconds.*

Tense your upper back by pulling your shoulders back trying to make your shoulder blades touch. Hold for about 5 seconds, and release. Pause for about 10 seconds. Tighten your chest by taking a deep breath in, hold for about 5 seconds, and exhale, blowing out all the tension.

Now tighten the muscles in your stomach by sucking in. Hold for about 5 seconds, and release.

*Pause for about 10 seconds.*

Gently arch your lower back. Hold for about 5 seconds, relax.

*Pause for about 10 seconds.*

Feel the limpness in your upper body letting go of the tension and stress, hold for about 5 seconds, and relax.

Tighten your buttocks. Hold for about 5 seconds…, release, imagine your hips falling loose.
Pause for about 10 seconds.

Tighten your thighs by pressing your knees together, as if you were holding a penny between them. Hold for about 5 seconds…and release.

Pause for about 10 seconds.

Now flex your feet, pulling your toes towards you and feeling the tension in your calves. Hold for about 5 seconds, and relax, feel the weight of your legs sinking down.

Pause for about 10 seconds.

Curl your toes under tensing your feet. Hold for about 5 seconds, release. Pause for about 10 seconds. Now imagine a wave of relaxation slowly spreading through your body beginning at your head and going all the way down to your feet.

Feel the weight of your relaxed body.

Breathe in…and out…in…out….in…out.
Progressive Muscle Relaxation Script

Note: This script will take approximately 30 minutes to complete depending on pace. Remember to give clients time to complete each activity, with a slow and calm tone of voice.

Start by getting into a comfortable position. Close your eyes. Place the feet flat on the floor, legs uncrossed and your hands resting comfortably at your side or on your lap. Begin by noticing your breathing, noticing your abdomen rise and fall with each breath.

As your breathing becomes more relaxed and restful, take your awareness down to your feet. We will start this process with the muscles in the feet and toes. When I say ‘tense’ you will tense the muscles in the feet by curling the toes down and holding for a count of four full seconds and then will release the muscles in the feet when I say ‘release’, and will repeat this process two times in various muscle groups throughout the body. Ready...So, with your awareness in the feet and toes now tense the feet and hold for one... two... three...four..., and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the feet. With each tense and release cycle, you will notice it becomes easier and easier to release and relax each muscle group...Now again, bring your awareness to the feet and toes and ‘tense’ and hold for one... two... three...four..., and release... inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Now, we will move our awareness to the lower legs... to the calf area. When I say ‘tense’, we will tense these muscles by pointing the toes towards the knees, and again holding for a count of three, and then releasing the calf muscles. Ready...So, with your awareness in the calf muscles now tense the calves and hold for one... two... three...four..., and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the calves. With each tense and release cycle, you will notice it becomes easier and easier to release and relax each muscle group...Now again, bring your awareness to the calves and ‘tense’ and hold for one... two... three...four..., and release... inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Notice the muscles in the thighs. When I say ‘tense’, we will tense the muscles in the thighs by pressing the back of the legs in the bottom of the chair and holding for a count of four seconds and then release. Ready...So, with your awareness in the thighs now tense and hold for one... two... three...four..., and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the thighs. With each cycle, you notice it

\[3\] Retrieved from https://www.plymouth.edu/healthy-psu/files/2012/11/PMR-Script.doc
becomes easier and easier to release and relax each muscle group…Now again, bring your awareness to the thighs and ‘tense’ and hold for one… two… three…four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Now, notice the muscles in the abdomen and low back. When I say ‘tense’, we will tense the muscles in the abdomen by imagining that we are trying to touch the belly button to the spine, pressing the low back to the chair and holding for a count of four seconds and then release. Ready…So, with your awareness in the abdomen, now tense and hold for one… two… three…four…, and ‘release’. Notice the difference between a tense muscle and a relaxed muscle again. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the low back and abdomen. With each cycle, you notice it becomes easier and easier to release and relax each muscle group…Now again, bring your awareness to the abdomen, ‘tense’ and hold for one… two… three…four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Bring your awareness to the muscles in the right arm. When I say ‘tense’, we will tense the muscles in the right arm by curling the arm up towards your bicep and holding it as if you are lifting a weight and holding it to your chest, holding for a count of four seconds and then release. Ready…So, with your awareness in the arm now tense and hold for one… two… three…four…, and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process again. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the arm. With each cycle, you notice it becomes easier and easier to release and relax each muscle group…Now again, bring your awareness to the arm and ‘tense’ and hold for one… two… three…four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Now, bring your awareness to the muscles in the left arm. When I say ‘tense’, we will tense the muscles in the left arm by curling the arm up towards your bicep and holding it as if you are lifting a weight and holding it to your chest, holding for a count of four seconds and then release. Ready…So, with your awareness in the arm now tense and hold for one… two… three…four…, and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process again. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the arm. With each cycle, you notice it becomes easier and easier to release and relax each muscle group…Now again, bring your awareness to the arm and ‘tense’ and hold for one… two… three…four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Bring your awareness to the muscles in the right hand. When I say ‘tense’, we will tense the muscles in the right hand by clenching it into a tight fist, holding for a count of four seconds and then release. Ready…So, with your awareness in the hand, now tense and hold for one… two… three…four…, and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process again. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the hand. With each cycle, you notice it becomes easier and easier to release and relax each muscle group…Now again, bring your awareness to the hand and ‘tense’ and hold for one… two… three…four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.
mouth, releasing any residual tension in the arm. With each cycle, you notice it becomes easier and easier to release and relax each muscle group… Now, bring your awareness to the arm and ‘tense’ and hold for one… two… three… four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Now, bring your awareness to the muscles in the left hand. When I say ‘tense’, we will tense the muscles in the left hand by clenching it into a tight fist, holding for a count of four seconds and then release. Ready… So, with your awareness in the left hand, now tense and hold for one… two… three… four…, and ‘release’. Notice the difference between a tense muscle and a relaxed one. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the arm. With each cycle, you notice it becomes easier and easier to release and relax each muscle group… again, bring your awareness to the hand and ‘tense’ and hold for one… two… three… four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Notice the muscles in the upper back, around the shoulder blades. When I say ‘tense’, we will tense the muscles in the upper back by pressing the shoulder blades together and holding for a count of four seconds and then release. Ready… So, with your awareness in the shoulder blades, now tense and hold for one… two… three… four…, and ‘release’. Notice the difference between tense and relaxed as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension. With each cycle, you notice it becomes easier and easier to release and relax each muscle group… Now again, bring your awareness to the upper back and ‘tense’ and hold for one… two… three… four, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Notice the muscles in the shoulder area and neck. When I say ‘tense’ we will tense the muscles in the neck by pressing the shoulders towards the ears and holding for a count of four seconds and then release. Ready… So, with your awareness in the neck and shoulders, now tense and hold for one… two… three… four…, and ‘release’. Notice the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in this area… it becomes easier and easier to release and relax each muscle group… Now again, bring your awareness to the shoulders and ‘tense’ and hold for one… two… three… four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Bring your awareness to the chin and jaw area. When I say ‘tense’ we will tense the muscles in the jaw by pressing the chin into the chest, gently and holding for a count of four seconds and then release. Ready… So, with your awareness in the chin and around the jaw area, now tense and hold for one… two… three… four…, and ‘release’. Again, noticing the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in this area. With each cycle, you notice it becomes easier and easier to release and relax each muscle group… Now
again, bring your awareness to the jaw and ‘tense’ and hold for one… two… three… four…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.

Now, bring your awareness to the facial muscles. When I say ‘tense’, please tense the muscles in the face by furrowing the brow and squeezing the muscles together as if you’ve just eaten a very tart, sour lemon and holding for a count of four seconds and then release. Ready… So, with your awareness in the face now tense and hold for one… two… three… four…, and ‘release’ all the muscles in the face. Notice the difference between a tense muscle and a relaxed muscle as you go through the process. Remembering to inhale through the nose and exhale through the mouth, releasing any residual tension in the face. With each cycle, you notice it becomes easier and easier to release and relax each muscle group… Now again, bring your awareness to the face, ‘tense’ and hold for one… two… three… face…, and release… inhaling through the nose and exhaling through the mouth, relaxing even more with each breath.
progressive muscle relaxation

One of the body’s reactions to fear and anxiety is muscle tension. This can result in feeling “tense”, or can lead to muscle aches and pains, as well as leaving some people feeling exhausted. Think about how you respond to anxiety. Do you “tense up” when you’re feeling anxious? Muscle relaxation can be particularly helpful in cases where anxiety is especially associated with muscle tension. This information sheet will guide you through a common form of relaxation designed to reduce muscle tension.

Muscle tension
Muscle tension is commonly associated with stress, anxiety and fear as part of a process that helps our bodies prepare for potentially dangerous situations. Even though some of those situations may not actually be dangerous, our bodies respond in the same way. Sometimes we don’t even notice how our muscles become tense, but perhaps you clench your teeth slightly so your jaw feels tight, or maybe your shoulders become. Muscle tension can also be associated with backaches and tension headaches.

Progressive Muscle Relaxation
One method of reducing muscle tension that people have found helpful is through a technique called Progressive Muscle Relaxation (PMR). In progressive muscle relaxation exercises, you tense up particular muscles and then relax them, and then you practise this technique consistently.

preparing for relaxation
When you are beginning to practice progressive muscle relaxation exercises keep in mind the following points.

• Physical injuries. If you have any injuries, or a history of physical problems that may cause muscle pain, always consult your doctor before you start.
• Select your surroundings. Minimise the distraction to your five senses. Such as turning off the TV and radio, and using soft lighting.
• Make yourself comfortable. Use a chair that comfortably seats your body, including your head. Wear loose clothing, and take off your shoes.
• Internal mechanics. Avoid practicing after big, heavy meals, and do not practice after consuming any intoxicants, such as alcohol.

general procedure
1. Once you’re set aside the time and place for relaxation, slow down your breathing and give yourself permission to relax.
2. When you are ready to begin, tense the muscle group described. Make sure you can feel the tension, but not so much that you feel a great deal of pain. Keep the muscles tensed for approximately 5 seconds.
3. Relax the muscles and keep it relaxed for approximately 10 seconds. It may be helpful to say something like “Relax” as you relax the muscle.
4. When you have finished the relaxation procedure, remain seated for a few moments allowing yourself to become alert.

Relaxation sequence
1. Right hand and forearm. Make a fist with your right hand.
2. Right upper arm. Bring your right forearm up to your shoulder to “make a muscle”.
3. Left hand and forearm.
4. Left upper arm.
5. Forehead. Raise your eyebrows as high as they will go, as though you were surprised by something.
6. Eyes and cheeks. Squeeze your eyes tight shut.
7. Mouth and jaw. Open your mouth as wide as you can, as you might when you’re yawning.
8. Neck. !! Be careful as you tense these muscles. Face forward and then pull your head back slowly, as though you are looking up to the ceiling.
9. Shoulders. Tense the muscles in your shoulders as you bring your shoulders up towards your ears.
10. Shoulder blades/Back. Push your shoulder blades back, trying to almost touch them together, so that your chest is pushed forward.
11. Chest and stomach. Breathe in deeply, filling up your lungs and chest with air.
12. Hips and buttocks. Squeeze your buttock muscles
13. Right upper leg. Tighten your right thigh.
14. Right lower leg. !!! Do this slowly and carefully to avoid cramps. Pull your toes towards you to stretch the calf muscle.
16. Left upper leg. Repeat as for right upper leg.
17. Left lower leg. Repeat as for right lower leg.
18. Left foot. Repeat as for right foot.

Practice means progress. Only through practice can you become more aware of your muscles, how they respond with tension, and how you can relax them. Training your body to respond differently to stress is like any training—practising consistently is the key.
calming technique

Everyone knows that breathing is an essential part of life, but did you know that breathing plays an essential role in anxiety? This information sheet will briefly discuss the role of breathing in anxiety and guide you through a simple calming technique that uses breathing patterns to help you relax.

Breathing is a powerful determinant of physical state. When our breathing rate becomes elevated, a number of physiological changes begin to occur. Perhaps you’ve noticed this yourself when you’ve had a fright; you might suddenly gasp, feel a little breathless and a little light-headed, as well as feeling some tingling sensations around your body. Believe it or not, the way we breathe is a major factor in producing these and other sensations that are noticeable when we are anxious.

Anxious breathing

You might already know that we breathe in oxygen — which is used by the body — and we breathe out carbon dioxide. In order for the body to run efficiently, there needs to be a balance between oxygen and carbon dioxide, and this balance is maintained through how fast and how deeply we breathe. Of course, the body needs different amounts of oxygen depending on our level of activity. When we exercise, there is an increase in both oxygen and carbon dioxide; in relaxation there is a decrease in both oxygen and carbon dioxide. In both cases the balance is maintained.

When we are anxious though, this balance is disrupted. Essentially, we take in more oxygen than the body needs — in other words we overbreathe, or hyperventilate. When this imbalance is detected, the body responds with a number of chemical changes that produce symptoms such as dizziness, light-headedness, confusion, breathlessness, blurred vision, increase in heart rate to pump more blood around, numbness and tingling in the extremities, cold clammy hands and muscle stiffness.

The normal rate of breathing is 10-12 breaths per minute – what’s your breathing rate?

The Calming Technique

While overbreathing and hyperventilation are not specifically dangerous (it’s even used in medical testing!), continued overbreathing can leave you feeling exhausted or “on edge” so that you’re more likely to respond to stressful situations with intense anxiety and panic.

Gaining control over your breathing involves both slowing your rate of breathing and changing your breathing style. Use the calming technique by following these steps and you’ll be on your way to developing a better breathing habit.

1. Ensure that you are sitting on a comfortable chair or lying on a bed.
2. Take a breath in for 4 seconds (through the nose if possible).
3. Hold the breath for 2 seconds.
4. Release the breath taking 6 seconds (through the nose if possible), then pause slightly before breathing in again.
5. Practise, practise, practise!

Breathing tips

- When you first begin changing your breathing, it may be difficult to slow your breathing down to this rate. You may wish to try using a 3-in, 1-hold, 4-out breathing rate to start off with.
- When you are doing your breathing exercises, make sure that you are using a stomach breathing style rather than a chest breathing style. You can check this by placing one hand on your stomach and one hand on your chest. The hand on your stomach should rise when you breathe in.
- Try to practise at least once or twice a day at a time when you can relax, relatively free from distraction. This will help to develop a more relaxed breathing habit. The key to progress really is practise, so try to set aside some time each day.

By using the calming technique, you can slow your breathing down and reduce your general level of anxiety. With enough practice, it can even help to reduce your anxiety when you are in an anxious situation.

Centre for Clinical Interventions
www.jhdb.org.au/research-training
REFERENCES

