

# Taking Action:

A Mental Health Recovery  
Self-Help Educational Program



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### Is This Curriculum a Good Choice for Your Agency or Organization?

This curriculum is not like other curriculums in which there are exact instructions on what to do, and how and when to do it. Rather, this curriculum contains many options. Although the curriculum provides program structure and many learning options, actual planning of each session is the responsibility of the facilitators who are assisted and supported by a steering committee. As the program is implemented over time, the participants can get more involved in taking the information and ideas that are presented and creatively adapting and revising the program. Thereafter, the sessions support them as they design and work toward their own recovery.

To determine whether providing this curriculum as a 24-week course, mini-courses, or workshops is a good choice for your agency or organization, complete the “Needs Assessment” and “Capacity Assessment” in the Program Administration section of this manual.

In this process, you will determine whether you have:

- At least 12 people who are committed to taking the course.
- Five people who are willing to serve on a Taking Action steering committee.
- At least two people who have the training expertise and are willing to train Taking Action program facilitators.
- Five people who are willing to be Taking Action facilitators.
- Administrative and program staff to provide support and supervision.
- Funds and in-kind contributions to meet program needs.
- A large, accessible meeting room.

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# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Program Information

#### Introduction

*Taking Action* is a self-care and recovery educational program developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), within the U.S. Department of Health and Human Services (HHS) under contract with Mary Ellen Copeland, PhD. This program is designed to be used by state, county, and local behavioral health delivery systems; for-profit and not-for-profit organizations; volunteer groups; support groups; peer support groups; and peer-run programs. Its purpose is to implement educational programs in self-help concepts, skills, and strategies for adults with mental health issues and/or for adults with mental health issues who also may have substance use issues. The goal of this project is to promote wellness, stability, recovery, and life transformation.

SAMHSA's vision is to "build resilience and facilitate recovery" for its constituency. SAMHSA recognizes there are many different pathways to recovery, and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policymakers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The definition and principles emphasize that an individual may be in recovery from a mental disorder, a substance use disorder, or both.

Mental health and/or substance use recovery is:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

#### Guiding Principles of Recovery:

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) toward those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment, use of medications, support from families and in schools, faith-based approaches, peer support, and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the

recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health difficulties and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope,

support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, and employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, and community participation.

Recovery is culturally based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health difficulties, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use

difficulties—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps toward recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.

This program is designed to lead people through the process of discovering what they need, want, and can do to support their own recovery. Various research studies support this kind of approach to mental health recovery, addiction recovery, and wellness. The notion that recovery from severe psychiatric disorders and co-occurring substance use disorders is not possible is contradicted by impressive and well-known longitudinal studies and the anecdotal experience of many diverse individuals.

Of most relevance to this project is the Vermont Longitudinal Research Study (Harding, Brooks, Ashikaga, Strauss, & Brier, 1987). In this study, 269 people were followed for about 32 years. On average, the people in this study had been ill 16 years, totally disabled for 10 years, and hospitalized for 6 years. Patients participated in a model rehabilitation program organized around the goal of self-sufficiency, residential and vocational placements in the community, and long-term continuity of care. They had been released from the hospital with community supports already in place. At follow-up, one-half to two-thirds were considered to have improved or recovered, depending on the criteria used. Sixty-eight percent did not display signs or symptoms of schizophrenia. Forty-five percent displayed no psychiatric symptoms at all. More than two-thirds were rated as having good functioning

on tests that included both psychological and social criteria. This landmark study was hailed across the country and around the world as evidence that, given intensive education and support initiatives, along with medical treatment, recovery from mental disorders is possible. This finding had a great impact on the behavioral health field because it was in contrast to the longstanding view that people with mental health difficulties cannot get better.

These findings were further supported by the Maine–Vermont Comparison Study (Desisto, Harding, McCormick, Ashikaga, & Brooks, 1995), which used a group-matching design. This study compared the outcomes of 269 people in Maine in similar circumstances with the 269 people in the Vermont Longitudinal Research Study. However, the people in this study received standard in-patient treatment and aftercare. Vermont participants were found to be more productive and had fewer symptoms, better community adjustment, and better global functioning than Maine participants. Roughly one-half of the Maine participants were rated as having good functioning. The researchers in these studies suggest that the model rehabilitation program utilized in the Vermont study gave Vermont participants an earlier opportunity to adapt to life in the community and may explain the better outcomes for these participants.

There is also evidence of durable recoveries among people with co-occurring substance use and mental health disorders. One 10-year longitudinal study examined the “remission” rates of 116 study participants (Xie, Drake, McHugo, Xie, & Mohandas, 2010) and found that 86 percent of them had at least one 6-month period during which they no longer met the criteria for alcohol abuse or dependence. At the end of the 10-year follow-up period, one-third of these individuals, defined by the study criteria as severely mentally ill, had not relapsed into alcoholism at all. Many study participants reported increases in competitive employment, life satisfaction, and social contacts.

Anecdotal evidence of recovery from severe behavioral health difficulties is growing at a rapid pace. Ralph and Corrigan (2005) state that as people have gained more voice around issues that impact their lives, a new



understanding of recovery has emerged based on their lived experience (Deegan, 1988). This understanding of recovery was introduced in the 1970s with the rise of the consumer/survivor/ex-patient movement (Chamberlin, 2002) and is not based on a disease model framework. This view has emanated from individuals who were living with, and trying to recover from, mental health difficulties and the effects of institutional and other medically based treatment interventions (Chamberlin, 2002), as well as people in the addiction recovery movement (Davidson & Rowe, 2008). Walsh and Connelly (1996) suggest that mental health recovery changes lives irrevocably. They state: “We can never go back to our ‘premorbid’ selves. The experience of disability and prejudice attached to it changes us forever. People would not want to go back. Recovery involves growth and an expansion of capacities.” For many people who write about this process, recovery is a personally meaningful goal rather than an abstract construct that is studied academically. Laudet, Morgan, & White (2006) suggest that “the hope for a better life that sets many substance users on the path to recovery can be a reality” and although the “pursuit is stressful, challenging, lengthy,” their investigation found that quality of life, satisfaction, and meaning were among its lasting rewards.

Although Roberts and Wolfson (2004) feel that there is a need to gather and strengthen the evidence base for recovery, they suggest that this can and needs to be a major area for collaboration between people who experience these difficulties and care providers. They contend that meta-analyses or randomized, controlled trials provide little guidance on what might make a difference to persons who are working on their recovery.

In the addiction recovery field, not only is there a wealth of evidence confirming the reality of long-term recovery (White, 2004) and the efficacy of peer support (Fiorentine & Hillhouse, 2000; Moos & Moos, 2004), but there is also a new awareness that many people in addiction recovery also have mental health difficulties. The reverse is, of course, also true. According to the Center for Substance Abuse Treatment (2005), 25-50 percent of people in the mental health system are also dealing with substance use; 50-75 percent of people

in the substance use disorder treatment system are also dealing with mental health issues. Co-occurring recovery may actually be as common as recovery from mental or substance use disorders alone. For those dealing with both issues, peer support and self management are inclusive of the whole person, whereas mental health and substance use service systems that have historically functioned in silos have recently begun to move toward integrated treatments (Padwa, 2011).

In recovery work around this country and around the world, the medical community is discovering that by supporting recovery initiatives, they experience more successful outcomes. Comprehensive studies of this phenomenon are being conducted in this country and around the world, and early data support better outcomes when client-centered recovery self management and peer support components are a part of a comprehensive approach (Cook et al., 2012; Scottish Center for Social Research, 2010; Tracy, Burton, Nich, & Rounsaville, 2011; White, 2004).

## Program Overview

### *What Is Taking Action?*

Taking Action is a self-care and recovery educational program developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), within the U.S. Department of Health and Human Services (HHS), assisted by a steering committee of 15 people, including those who have had mental health and substance difficulties, family members, care providers, and mental health administrators; the final product was reviewed by people in co-occurring addiction recovery. The program includes 24 adaptable mental health recovery sessions that are designed to guide people through their recovery with a small-group learning format. Many of the sessions can be used individually, and there are recommendations for certain sessions that can be grouped together for a shorter series or mini-courses.

### *Key Program Elements*

- Recovery, wellness, and action orientation
- Focus on hope, personal responsibility, education, and self-advocacy
  - Organizational skill development
  - Building trust
  - Positive self-regard
  - Self-determination and self-management
  - Support and peer support
- Empowerment
  - Voluntary participation
  - Focus on choice and self-determination
  - Validation of participant wisdom and experience
- Inclusiveness
  - Multi-modal learning approaches
  - Adaptable to special needs and learning styles
  - Varied modes of self-expression
  - Honors and supports diversity
  - Inclusive of underserved communities and their concerns
  - Safe to use with any treatment program and in mental health agencies and organizations, alcohol and drug treatment centers, peer support centers, domestic violence shelters and institutional settings such as hospitals, prisons, and homeless shelters
- Consistent reinforcement
  - Repeated elements
  - Development of Participant Guidelines by groups
  - Continuous access to varied tools of self-expression
- Mini-course options
  - Key concepts – Lessons 1-7
  - Recovery tools, skills, and strategies – Lessons 8-14
  - Developing action plans, advance directives, and post-crisis planning – Lessons 15-19
  - Wellness topics – Lessons 20-24

### Taking Action Facilitators

A facilitator is anyone who is willing to study the curriculum carefully and work cooperatively with a recovery committee, other facilitators, and the participants. (Peers are often the best facilitators because they have a lived experience of mental health and substance use difficulties.)

### Sponsors and/or Program Administrators

Peer support groups and programs, mental health and alcohol and drug treatment agencies, women's organizations, community groups, hospitals, institutions, mental health court and drug court programs, prisons, and jails.

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# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Program Administration

This section describes the process for implementing the Taking Action Program curriculum. Sponsoring agencies and organizations use this information to guide them in beginning and maintaining the program.

### Benefits of Implementing the Taking Action Program

Implementing an intensive behavioral health recovery program is a major undertaking. However, an agency or organization will see that the benefits justify the effort. The expected benefits include:

- A shift of focus in care from symptom control to prevention and recovery;
- A significant reduction in the need for costly crisis intervention, mental health, detoxification, and emergency services as more people who experience difficulties take responsibility for their own wellness and stability; manage and help themselves feel better using a variety of self-help techniques and strategies; and effectively reach out to and use a network of family members, friends, and health care professionals; and
- An increased ability to meet life and vocational goals, significant life enhancement, and gains in self-esteem and self-confidence, as people become contributing members of the community.

In addition, through 1) serving on the steering committee, 2) facilitating the program, 3) participating in the program, and 4) taking responsibility for

program-related tasks, an agency or organization can expect to develop a cohort of people with recovery expertise as well as administrative and leadership experience who will be helpful in ongoing replication of this program and other recovery-oriented activities.

### Steering Committee

The first step in program implementation is developing a committee of people who commit to meeting regularly, and who take responsibility for undertaking the various tasks necessary to begin and support the program. This committee includes at least five people so that the work does not overload anyone. The committee includes at least several people who use behavioral health services or who have experienced mental health and substance use difficulties. Some people who are willing to be program facilitators can be included. It is helpful if the people on this committee have a reputation for getting things done and done well, and have the ability to work closely with others to achieve mutually agreed-upon goals. One or several people who have an interest in implementing this program can work together to solicit people for the committee and arrange the initial meeting. Outreach should include people of diverse racial, cultural, ethnic, sexual orientation and gender identity backgrounds (LGBTQ) and should be representative of the people in the community the program will serve. It is important that different perspectives on mental health and addiction recovery and healing are heard, and that people from underserved groups or communities have an advisory role to ensure the program is inclusive.

The responsibilities of this committee include:

- Needs assessment
- Advance planning—who, what, when, where, and how
- Facilitator recruitment
- Arrangement, implementation, and supervision of facilitator training (see “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section)
- Program networking, promotion, and outreach
- Program supervision, evaluation, and revision
- Assurance of adherence to program values
- Recordkeeping

The steering committee may need, or would benefit from, the administrative assistance of an agency or organization in undertaking various program-related tasks.

### *Needs Assessment*

The first step that the steering committee undertakes is a needs assessment to facilitate both the process of getting buy-in from all stakeholders and any fundraising efforts. Stakeholders included in the needs assessment process should be representative of the community and should include people with diverse needs, strengths, and backgrounds. This can be a formal process, with surveys and focus groups for various stakeholders in a behavioral health care facility or an institution. Or it can be an informal process, like asking members of a peer support or drop-in center whether they would be interested in attending the program. This assessment is developed according to the needs and interests of the sponsoring agency and the people it serves.

Possible questions for this survey might include:

- Is there sufficient interest in this program from all stakeholders?
- Are there people who want to participate in this program? Who are they (clients, patients, or members; community members; family members and supporters; clinicians; and/or volunteers)?

- Are there people who will benefit from this program?
- Are financial resources available to undertake the program? What possible funding sources are current options? Are there other funding sources that might be utilized? Are there opportunities to raise funds?
- Do the costs justify program implementation?
- How can people be involved who would be most likely to benefit from this program?
- Can volunteers be used as facilitators and as providers of other kinds of help?
- What are the expected short-term outcomes of this program?
- What are the expected long-term outcomes of this program?

In addition, the needs assessment can include reports on research on the effectiveness of mental health recovery, peer addiction recovery groups, self-help, and educational programs.

The needs assessment can be organized into an easily readable and referenced package and given to key stakeholders. Committee members can make follow-up telephone calls to these stakeholders to get their feedback, answer any questions, and solicit support.

Once these data have been collected, the steering committee meets, discusses what it has learned, and, using their judgment, decide whether there is a need to implement Taking Action, or some parts of the program such as mini-courses, workshops, or seminars (see “Mini-Courses, Workshops, and Individual Sessions” in the Curriculum Implementation section of this manual).

### *Capacity Assessment*

If the steering committee decides there is a need for Taking Action within the agency or organization, the next step is to decide whether your organization has the capacity and resources needed to implement this program. Investigation and consultation may be necessary to make this decision.

If you have gotten this far in your process, the assumption is that you already have a group of five people, the steering committee, working on this project. You will need to determine whether you have the people and the financial resources needed for this project.

You will need a strong, diverse team of committed people to ensure the successful implementation of this program. It is suggested that the team include at least the people described in the paragraphs below.

### *Facilitators*

Three to five people to prepare, implement, and facilitate the program (see “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section). They can be people who use services, care providers, or family members. Facilitators focus on giving program participants more and more responsibility for the program over time.

### *Administrative Support*

People are needed for tasks like recruitment, fundraising, fiscal management, resource development, promotion, recordkeeping, and evaluation. Other people might be involved in promotion, outreach to diverse stakeholders, preparation and planning tasks, program oversight, and follow-up.

Three to five people should be available to prepare, implement, and facilitate the program plus someone with training expertise to implement the facilitator training (see “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section of this manual). The following checklist can be used to help determine whether there are enough people who have the time, energy, interest, and expertise to move forward with this project.

People should be available to assist with the following tasks:

- Recruitment,
- Fundraising,
- Fiscal management,

- Resource development,
- Promotion,
- Recordkeeping,
- Evaluation,
- Supervision,
- Problem solving,
- Outreach,
- Preparation and planning,
- Program oversight, and
- Follow-up.

The agency or organization may need funds to: (see “Cost Considerations” in this section of the manual)

- Pay the facilitators,
- Rent meeting space (if necessary),
- Provide light snacks at the sessions,
- Purchase equipment and supplies, or
- Offer childcare or transportation to participants or facilitators.

If funding is not available, is there some way these funds can be secured?

(See *Fundraising* in this section of the manual.)

Can some of the needed resources be provided with minimal cost, or at no cost, by the sponsoring agency or organization, or contributions from the community?

Things like:

- Meeting space;
- Audio/Visual equipment;
- Computers; and
- Paper, easels, easel pads, markers, and materials for creative activities.

## *Program Design*

If the steering committee decides it is possible to move forward with curriculum implementation, they should work with potential facilitators and trainers to design a program they believe best meets the needs of possible attendees. Decisions that may need to be addressed include:

- Program format
  - 24 sessions
  - Mini-courses (if so, which lessons)
  - Individual lessons (if so which ones)
  - Ongoing groups in the community, peer support centers and programs, agencies, and organizations (see “Mini-Courses, Workshops, and Individual Sessions” in the Curriculum Implementation section of this manual)
- Adaptations for specific and restrictive settings such as in-patient facilities, institutions, residential alcohol and drug treatment, group homes, prisons, and workplaces:
  - Accommodation for disability
  - Accommodation for language/communication access
  - Inclusive of ethnic, racial, cultural diversity, as well as sexual orientation and gender identity backgrounds (LGBTQ).
  - Availability of facilitators
  - Translators and interpreters, as required
  - Materials available in the languages of participants
  - Facilitator training (see “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section of this manual)
  - Group size
  - Starting and ending dates
  - Length of sessions
  - Recruitment strategies including the recruitment focus, that is, homeless people, people in institutions, people with co-occurring mental and substance use disorders, people in prisons, people from diverse cultural backgrounds and communities, and others (see “Outreach” in this section of the manual)

- Space (see “Learning Space” in the Curriculum Implementation section of this manual)
- Supplies and equipment
- Child care, refreshments, and transportation
- Administrative support
- Supervision and evaluation
- Quality assurance

## *Outreach*

The program design can include outreach and educational activities to recruit diverse participants (including those who might be difficult to reach) and obtain buy-in from care providers and service users. It also serves to educate community members, support preventive efforts, facilitate community integration, and relieve prejudice and discrimination. These activities can include:

- Informational presentations at agencies, organizations, and health care facilities
- Media interviews of the steering committee or sponsoring agency staff
- Outreach to various treatment programs, criminal justice venues, and facilities
- Community announcements such as newspaper, radio, TV, and posters
- Postings in recovery newsletters or Internet groups, chat rooms, or on websites
- Collaboration with other agencies and organizations
- Public informational meetings

Networking through local and regional agencies might include in-patient facilities, various organizations such as clubhouses, drop-in centers, peer support centers, day treatment programs, and recovery meetings. Other community service providers such as family resource centers, vocational rehabilitation programs, employment services, re-entry programs, health centers, educational institutions, and workplaces may also have potential interest.

## *Cost Considerations*

The steering committee uses the information from the needs assessment and the project design to develop a budget. Costs, with the exception of paid employees if they are needed, can be minimized if necessary by using volunteers and soliciting donations of supplies and equipment. In developing the budget, the following costs, which would vary from agency to agency, need to be considered:

- Employee costs - If providers facilitate the group or serve on the steering committee, will the budget include the actual cost or opportunity cost (budgeting for time only or to include time lost that would divert income).
- Stipends - Volunteers would receive compensation for their work.
- Supplies - Donations would ease this cost.
- Equipment - The agency might already own much of the needed equipment. Other equipment might be borrowed or donated.
- Space rental - Space that is already owned by the agency or is part of the facility could be considered. Free space that might be preferable to participants might be available in the community. See “Learning Space” and “Accommodations for Special Needs” in the Curriculum Implementation section of this manual.
- Refreshments - The sponsoring agency can provide money for healthy snacks, they can be donated, or participants can take turns bringing them.
- Travel reimbursement - Funding from various sources might be available to reimburse project facilitators and participants for travel expenses.
- Accommodations - Examples are interpreters, translators, transcribers, and personal assistants.
- Liability insurance - Most agencies and organizations already have insurance that would cover this group. However, it is important to ensure that this coverage is in place.

## *Fundraising*

Once the budget is established, the steering committee (if possible with administrative assistance) can work to secure needed funds. The following sources of funding can be explored:

- An educational expense for a day treatment or other community support program,
- Part of programming at a fee-for-service agency,
- Medicaid reimbursement,
- Insurance program reimbursement,
- Vocational rehabilitation option,
- In-kind contributions,
- State and Federal grants including system change grants,
- Voucher programs that pay for nontraditional recovery supports,
- Direct payment from local or state government,
- Donations from organizations or corporations,
- Private foundations,
- Participant fees,
- Prevention coalitions,
- Support to increase access to behavioral health services in a minority community,
- Fundraising events (dances, raffles, and sales), and
- Businesses that support returning veterans and their families.

If the program, the outreach, or the sponsoring agency is likely to include a majority of service users belonging to a specific underserved population, resources may be available. For example, a community located near a large military base may serve veterans, active military, Guard or Reservists and their families. Specific outreach and fundraising avenues may be available. Many underserved or marginalized groups such as people at risk for or living with HIV/AIDS or gay, lesbian, bisexual and transgendered people who are recovering from mental health or substance use difficulties may prefer peer and self-directed recovery supports to traditional behavioral health services.



### *Quality Control and Evaluation*

Oversight and quality assurance is the responsibility of the steering committee. Others who might be included in ensuring quality control and adherence to the values and ethics of the program might include the program facilitators, trainers, personnel of the sponsoring agency, or organization.

To ensure the highest quality, participants are asked to respond to the “Taking Action Program Evaluation” at regular intervals through the program using the evaluation document that follows. The first evaluation occurs after the second session. Then participants are asked to respond to these evaluations every four weeks on a voluntary basis. The steering committee and the facilitators should review these evaluations, discussing and implementing any possible agreed-upon changes.

This evaluation can be read to those who need or prefer that option as an accommodation. However, for those with limited English language skills, consent forms, evaluation materials, and other vital documents should be available in written form and translated into their language. In non-English speaking communities or in areas where members of the deaf and hard-of-hearing community may wish to participate, local organizations can often assist with these tasks. Diverse steering committee members who are informed about the needs and strengths of underserved communities are vital to the outreach effort.

After each session, the facilitators should review the “Values and Ethics Checklist” (see Appendix A) to ensure compliance and develop plans for needed changes, which should be implemented before the next session.

Additional options to ensure program quality include:

- Periodically, facilitators ask individual participants to share their experience thus far. Their findings are to be discussed with the other facilitators so that changes are made accordingly.
- Members of the steering committee and/or organization sponsors have discussions with groups of participants and/or individual participants, to apprise the facilitators of things that are going well and of recommended changes.
- Participants have a discussion (focus group) about the program. Facilitators note their suggestions and make changes accordingly.

# Taking Action Program Evaluation

1. Are you enjoying these sessions? \_\_\_\_\_  y  n
2. What do you enjoy most? \_\_\_\_\_  
\_\_\_\_\_
3. What do you like least? \_\_\_\_\_  
\_\_\_\_\_
4. Did you feel welcome at the sessions? \_\_\_\_  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Are these sessions helpful to you and to your recovery? \_\_\_\_\_  y  n
6. What is most helpful to you? \_\_\_\_\_  
\_\_\_\_\_
7. What is least helpful to you? \_\_\_\_\_  
\_\_\_\_\_
8. Do these sessions help you feel more hopeful? \_\_\_\_\_  y  n
9. Do you look forward to these sessions? \_\_\_\_  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Are the topics of interest to you? \_\_\_\_\_  y  n
11. Which topics are more interesting? \_\_\_\_\_
12. Which topics are less interesting? \_\_\_\_\_
13. Is there anything you feel can be left out of these sessions? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
14. Were the facilitators well prepared and well organized? \_\_\_\_\_  y  n
15. Are your special needs accommodated? \_\_\_\_  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
16. Does the program accommodate diversity?  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Do you feel affirmed, validated, and supported in the sessions? \_\_\_\_\_  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
18. Is the program welcoming to you and respectful of your cultural traditions and background? \_\_\_\_\_  y  n  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
19. Are the facilitators helpful to you? \_\_\_\_\_  y  n
20. Are you given various options for learning and sharing? \_\_\_\_\_  y  n
21. Are you building connections with other participants? \_\_\_\_\_  y  n
22. What would you like to change about this program?  
\_\_\_\_\_  
\_\_\_\_\_

### *Taking Action Pre- and Post-Survey*

Participants are asked to respond to the following “Taking Action Pre- and Post-Survey” both before and immediately after completion of the program. Facilitators can also choose to ask the participants to respond to this survey halfway through the program to get some indicators on how things are going and to make possible changes. Taking this survey is voluntary. All the requested information is optional.

The facilitators and the steering group should review the information from these surveys and use it to make program decisions and plan for upcoming programs.

## Taking Action Pre- and Post-Survey

All items on this survey are optional. Participants can choose whether or not they want to respond.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Age:   Sex:

Race/Ethnicity: African

American Alaska

Native/Eskimo Asian

Asian Indian

Caucasian

Hispanic/Latino

Native American

Native Hawaiian or other Pacific Islander

Other (please specify) \_\_\_\_\_

Physical disability (If so, please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have hope for your future? \_\_\_\_\_  y  n

Do you have dreams and goals for your life? \_\_\_\_\_  y  n

Do you have good feelings about yourself  
as a worthy person? \_\_\_\_\_  y  n

Do you feel you have choices in your life? \_\_\_\_\_  y  n

Do you feel you can educate yourself about  
things that are important to you? \_\_\_\_\_  y  n

Do you feel you can make good decisions  
for yourself based on what you have learned? \_\_\_\_\_  y  n

Do you feel you can make good choices  
for yourself? \_\_\_\_\_  y  n

Do you feel you can advocate for yourself  
to get what you need? \_\_\_\_\_  y  n

If someone violated or is violating your rights,  
do you know how to take action in your  
own behalf? \_\_\_\_\_  y  n

Do you have family members and friends  
who treat you well and support your recovery? \_\_\_\_\_  y  n

Do you know things you can do to build  
your support system and/or keep it strong? \_\_\_\_\_  y  n

Do you know how to take good care  
of yourself? \_\_\_\_\_  y  n

Do you know simple, safe things you can  
do to keep yourself well, and to help yourself  
feel better when you are not feeling well? \_\_\_\_\_  y  n

Do you know about resources in your  
community you can use to support  
your recovery? \_\_\_\_\_  y  n

Do you know where peer support and recovery  
groups or meetings are that you may want  
to attend? \_\_\_\_\_  y  n

Do you know how to get good health care  
for yourself? \_\_\_\_\_  y  n

Do you know how to protect yourself from  
the spread of HIV and where to get free  
confidential testing? \_\_\_\_\_  y  n

## Taking Action Pre- and Post-Survey

If you are using medications, do you know how to manage them to get the most benefit? \_\_\_  y  n

Do you know about the Action Plan for Prevention and Recovery? \_\_\_\_\_  y  n

Have you ever developed part or all of an Action Plan for Prevention and Recovery? \_\_\_\_\_  y  n

If you have ever developed and used part or all of an Action Plan for Prevention and Recovery, was it helpful to you? \_\_\_\_\_  y  n

Have you developed your own Advance Directive? \_\_\_\_\_  y  n

Do you know how to work on difficult life issues like past traumas and losses? \_\_\_\_\_  y  n

Do you know where to find confidential, safe support if someone close to you is violent or abusive? \_\_\_\_\_  y  n

Do you have tools to deal with depression, anxiety, flashbacks, or difficult emotions that don't involve using alcohol or other substances? \_\_\_\_\_  y  n

If you want to be employed, do you have some ideas on what you need to do to make that happen? \_\_\_\_\_  y  n

If you are employed, do you have some ideas on things you can do to maintain, improve, or change your work situation? \_\_\_\_\_  y  n

Are you working to overcome challenges and barriers in your life like compulsive behaviors, low self-esteem, family difficulties, and negative thinking? \_\_\_\_\_  y  n

Are you working on developing a lifestyle that supports your recovery? \_\_\_\_\_  y  n

Do you feel that you can assess your progress and your life and do what you need to do to recover? \_\_\_\_\_  y  n

Do you feel you know how to organize the information that supports your recovery? \_\_\_\_\_  y  n

Do you feel you have the motivation to continue to work on your recovery? \_\_\_\_\_  y  n

Have you had successful periods of recovery and made positive changes regarding alcohol or drug use? \_\_\_\_\_  y  n

Do you celebrate your progress from time to time? \_\_\_\_\_  y  n

### *Agency Follow-Up*

After completion of the Taking Action Program, the sponsoring agency, steering committee, and/or facilitators can choose to offer follow-up support services to the attendees to assist and support them as they recover. This follow-up support might be specific agency services as available, or a voluntary support group.

Voluntary support groups can begin meeting every week, every other week, or even monthly after the conclusion of the program. The participants can decide how long they want to meet, when they will meet, and how the meetings will be organized.

For a simple format: Divide the length of time, that is, 2 hours, by the number of participants, and then each person is allocated that amount of uninterrupted time to share with the other members how he or she is doing. If the person has time left over, the person can ask the other participants for supportive feedback.

See the “Essential Elements of Each Session” in the Curriculum Implementation section of this manual for further information on follow-up support groups.

# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Curriculum Implementation

#### Program Description

Taking Action can be presented in one of three ways:

- In a weekly format for 24 weeks
- As mini-courses (i.e., Key Concepts; Recovery Tools, Skills, and Strategies; Action Plan for Prevention, Relapse, and Recovery; Advance Directives; Post-Crisis Planning; Anticipating Difficult Situations; and Wellness Topics)
- As individual sessions

There is more information about mini-courses, workshops, and individual sessions at the end of this section of the manual.

The topics that can be covered are shown in the Topics list on the next page.

#### *Group Size*

Taking Action is designed to be used with groups of 3-12 people with several facilitators. Five facilitators would be optimal, but if presenting the full course, there needs to be at least three facilitators. Most people feel more comfortable participating in small groups than in larger groups. Other issues, such as recruitment, space, supplies, and transportation, are easier to resolve if the group is small. However, this curriculum can be easily adapted to use with larger groups. If a group has 12-20 participants, arrange to have extra facilitators available. Many of the interactive discussion-based activities can still include the entire group. Other activities can be easily divided into several smaller groups.

#### *Session Length*

Taking Action as developed and piloted is based on weekly 2-hour sessions. Sessions can be lengthened or shortened to meet specific needs as defined by the group, and the group can meet more often or less frequently. For instance, a group of people who have been having severe difficulties for a long time and have been living in institutions or on the streets, or people who have recently decided to quit drugs or alcohol, might prefer 1-hour sessions or even half-hour sessions several times a week. A group that has transportation difficulties might choose to meet for several full days consecutively. People who live together or for whom transportation is not an issue, might want to work on a portion of a session or one recovery activity each day. The sessions can be adapted to fit with schedules in various facilities, such as hospitals, institutions, group homes, treatment centers, and prisons.

#### *Learning Styles*

Activities within the sessions can be revised using the creative arts, expressive choices, and learning activities described in “Learning Styles” in this section of the manual according to the need and preference of the participants. Certain activities and lessons or parts of them might be spread out over several weeks, and others might be eliminated. Activities that the participants or facilitators have developed or that they feel would be useful to everyone in the group can be added if they meet the “Values and Ethics Checklist” guidelines (see “Values and Ethics” in this section of the manual).

All members of the group need to be consulted whenever changes to the curriculum or format are proposed. It is suggested that for consistency, specific elements of the sessions that participants expect each week, like the check-in and closing, not be altered.

# Topics

## Key Concepts

1. Introduction to Recovery
  - 1a. Introduction to Co-Occurring Recovery
2. Self-Esteem
3. Hope
4. Education and Research
5. Empowerment and Self-Determination
6. Self-Advocacy
7. Building a Strong Support System

## Recovery Tools, Skills, and Strategies

8. Assessing Personal and Community Resources
9. Diet, Exercise, Light, Sleep, and Smoking
10. Relaxation, Diversion, and Fun
11. Dealing with Troubling Thoughts, Feelings, and Experiences
12. Peer Support, Recovery Meetings, and Peer Counseling
13. Health Care and Medications
14. Finalizing Your List of Wellness Tools

## Action Plans for Prevention and Recovery

15. Developing an Action Plan for Prevention and Recovery
16. Action Planning—Triggers, Early Warning Signs, and Difficult Times

## Advance Directives

17. Advance Directives, Part 1
18. Advance Directives, Part 2

## Post-Crisis Planning

19. Post-Crisis/Relapse Planning and Using Your Action Plan for Prevention and Recovery

## Wellness Topics

20. Addressing Difficult Life Issues
21. Employment
22. Overcoming Barriers and Challenges
23. Developing a Lifestyle That Supports Your Recovery and Wellness
24. Final Session: Personal Assessment, Motivation, and Celebration



### *Voluntary Attendance*

Attendance and participation is voluntary. To be effective, this cannot be a mandated group. Input from people who have experienced mental health difficulties indicates that mandated programs and treatments are usually not helpful and perpetuate the cycle of disempowerment and abuse that many of them have experienced in other areas of their lives.

Because of the personal nature of the topics to be covered, it is suggested that the group be a “closed” group. This means that after several sessions, no new participants would be accepted. This approach facilitates planning and development of trusting relationships in the group, and assures consistency for people who may have difficulty with change. The group can develop guidelines around how many meetings can be missed before a person is no longer part of the group, and set a limit on how many people can attend. If the program is being held in a facility like a hospital, where people come and go, the group can decide on certain dates when new group members would be welcomed, such as at the beginning of specific sections like Topic 8: “Assessing Personal and Community Resources,” Topic 15: “Developing an Action Plan for Prevention and Recovery,” and/or Topic 20: “Addressing Difficult Life Issues.”

### *Diversity*

Because this program is based on non-discriminatory and non-judgmental values, participants should not be excluded because of cultural differences; these include gender, sexual orientation, age, race, disability, educational background, or level of functioning perceived by others, labels, diagnosis, criminal justice involvement, or any kind of “readiness” assessment. This guideline does not preclude setting up a group specifically for people with unique needs. For instance, a group of people who are seniors and have issues related to aging may want to start a group. People who live in a group home may want to set up a group for the people who live there. The group can be people on a hospital ward, at a methadone clinic, or for those who are in a particular section of a correctional facility. Sessions can be specially designed to accommodate the needs of specific groups.

The program is applicable to people in recovery from mental health difficulties and those in co-occurring recovery, meaning they have addiction and mental health recovery needs. Sessions can be tailored to address the specific interests and needs of participants, but some subsections may be more relevant for people dealing with both. Even if the group is comprised strictly of people in recovery from mental health difficulties, it is beneficial to include topics that pertain to alcohol and drug use, since it is likely that a number of participants have issues with alcohol or other drugs that may affect their mental health recovery.

If several group members are dealing with alcohol or drug use, the group may need to consider how to respond to members who attend group while under the influence. Should members plan to attend anyway in that case, not come at all, or should they be welcome as long as they aren’t detracting from group activities? What effect will their presence have on group members in recovery from addiction? What will be the facilitator’s role in these cases? If the group can arrive at a consensus about how to handle these instances in advance, they will be less disruptive should they occur.

Attendee participation in discussion and group activities is voluntary. Some people may come to the group and never say anything or take part in any activity. They might even choose to sit or stand away from the group, avoiding interaction. This lack of obvious participation should not be seen as an indication that a person is not benefiting from attendance. People may have different cultural norms that influence the ways they respond to information and how much personal information they feel safe sharing. Facilitators can attend to people who are not outwardly participating by checking in with them during the breaks.

In keeping with the values of respect and inclusiveness, lack of obvious participation must never be an issue or criterion for attendance.

Attendance may be dependent on adherence to a set of Participant Guidelines that the group develops at the first class and revises as needed. These guidelines define acceptable and unacceptable behaviors in the group. Directions for developing a list of Participant

Guidelines can be found in “Essential Elements of Each Session” in this section of the manual.

## Planning, Facilitation, and Participant Responsibility

Several facilitators, preferably five, who have carefully studied the curriculum and who have participated in ongoing planning meetings, facilitate this course. People who have had mental health and substance use difficulties (peers) are often the best facilitators. Such people help to eliminate the hierarchy and power imbalances that sometimes inhibit expression and learning. Others, including care providers and family members, can also provide group facilitation as they assist people who are working on their own recovery to take over this responsibility.

To prepare, facilitators participate in the training program described in the Taking Action Facilitator Training section of this manual, which includes:

- Reviewing the curriculum: reading the curriculum several times or having someone read it to the person who will be facilitating.
- Participating in at least three 2-hour sessions with the other facilitators with at least 1 hour of discussion of values and ethics (see “Values and Ethics” in this section of the manual) before beginning the program.

Facilitators work together planning each session. As they do this, they review the previous session and make needed changes, planning, gathering resources, and developing materials like handouts. Volunteers from the group provide assistance.

There are no time limits on many of the suggested activities in the sessions. Groups and participants within groups differ widely. Working with participants, facilitators can decide which activities they want to spend more time on, those they will spend less time on, and those they will not include. Before each session, facilitators decide, based on their experience in previous sessions, how much time they want to spend on the activities they are including in the session.

As the group continues to work together, the facilitators should encourage the participants to take more responsibility for the group. For instance, participants can facilitate discussions, write notes on the easel pad, type notes into a computer, make recordings of booklets and other information, gather resources and supplies, and research pertinent questions as they feel comfortable doing so.

Because participants in the program often have had little opportunity to speak and be heard, facilitators should minimize their own talk to allow opportunities for participants to share their experiences and expertise. Facilitators can, if they choose to do so, let people know about their experiences but avoid sharing so much that it becomes the focus of the group and takes time away from participant sharing.

Participants need ample time to talk or share in a way that feels comfortable to them. Each person’s time can be limited if necessary to allow everyone a chance to speak. For instance, each person might get 3 minutes to share a helpful tool. The facilitator can let them know when their time is up, allowing them a brief time to finish what they are saying. Some individuals and groups may be more comfortable if facilitators or a participant holds up a card that reads “One Minute Remaining” or “Time is Up.”

If some participants are uncomfortable speaking to and sharing with the group, here are examples of ways to encourage them and make them feel more comfortable to open up:

- Have pads of larger “sticky notes” available that people can use to write or express their response in some way (creative arts or expressive choices), and attach them to a sheet of paper or poster board that is reserved for this purpose. The facilitator can read these responses to the group, or they can be posted on the wall.
- People can tell someone else their response and have that person share it for them.

Facilitators and participants may be able to think of other ways that people can share in the group.

Facilitators foster an atmosphere of mutuality in the group so that no one feels more or less important or superior to anyone else. They work to avoid hierarchies based on position, education, and discrimination of any kind.

Facilitators include participants in decision making as much as possible. For example, facilitators can ask participants to choose between two possible uses of time or activities, or ask participants for input on the scheduling of breaks. Participants are encouraged and supported by facilitators, and can move into positions of leadership and/or responsibility as soon as possible.

If a participant or several participants are making it difficult for other members of the group to learn, facilitators can lead a group discussion about the issue. Allow the people who are making it difficult to share what they need with the rest of the group; other group members may then share what they need as well. Incorporate the problem solving learning activity to find possible solutions, and then the group can work together to decide which suggested solutions they want to use.

Facilitators ask others to take over their responsibilities if they are having a difficult time. They use the “Action Planning—Triggers, Early Warning Signs, and Difficult Times” section of the Action Plan for Prevention and Recovery (see Topic 16) as a guide to deciding whether they should be facilitating the group. Each facilitator develops that part of the plan for themselves before the program, and if there are signs that they are not doing well, they should not facilitate until they are feeling better.

If facilitators are not following the program values and ethics (see “Values and Ethics” in this section of the manual) or the Participant Guidelines (see *Participant Guidelines* in “Essential Elements of Each Session,” also in this section), co-facilitators and/or supervisors (refer to the Program Administration section) may advise them that they cannot facilitate unless the values and ethics are followed.

The description of each session includes tasks that facilitators and volunteers need to do before each session. Before the program begins, they:

- Recruit participants if necessary (refer to information in the Program Administration section);
- Gather the supplies and equipment suggested under Creative Arts, Expressive Choices, and Learning Activities in this section;
- Order copies of *Recovering Your Mental Health* booklets; and
- Make copies of the “Values and Ethics Checklist” and the “Taking Action Program Evaluation” form.

Before the beginning of the program, and as the program is being held, facilitators, volunteers, and participants gather information on resources that are available in the community or that might be helpful. These resources are compiled in a binder and are available at each session for participants.

## Accommodating Diversity

Taking Action has been designed to be adaptable to a wide range of situations and needs by:

- Including many choices of learning activities, creative arts, and expressive choices; and
- Encouraging refining of the sessions to best meet the needs of the group.

It can meet the diverse needs of people with a wide range of life experience, people who may be limited by their current experience; who may have varying abilities, learning styles, and educational backgrounds, and who may have culturally based concerns; these include ethnicity, language, religious, spiritual, racial, gender identity, age, disability, sexual orientation, parenting, military experience, and “readiness” considerations. Many of the attendees will have histories of trauma and abuse that may make it difficult and frightening for them to attend the sessions.

Women with trauma histories may have difficulty speaking about their recovery experience in mixed gender groups and might prefer to participate in groups held for women. People may be experiencing current abuse and may need support and safety planning. Others may be enduring ongoing discrimination and racism in addition to having a cultural or family history that includes significant trauma over multiple generations.

There may be people who have occasional mental health or substance use issues that have some effect on their life, or they may be people whose difficulties are so pervasive that they have not been able to do the things they want to do and be the way they want to be.

Some people may be dealing with dependence on a substance they began using to relieve anxiety or intolerable emotional states and want support for making changes. Others may be in long-term addiction recovery but may want additional support for mental health difficulties.

There may be participants who have spent much of their life living in a group home or in an institution. They may be in prison or jail or on probation or parole. They may be homeless or come from backgrounds that include severe poverty, neglect, and abuse. They may have lived for a very long time with the belief that recovery is impossible. In addition, each person will have their own unique learning style—ways of learning that are easiest for them. Participants may belong to racial or ethnic minorities or may come from immigrant communities that have experienced deep disparities. They may have had negative experiences that make it challenging to trust institutions and behavioral health providers. They may have lived a long time with the belief that services sensitive to their recovery needs will never become accessible.

This curriculum is not like other curriculums in which there are exact instructions on what to do, and how and when to do it. Rather, this curriculum contains

many options. While the curriculum provides program structure and many learning options, actual planning of each session is the responsibility of the facilitators who are assisted and supported by a steering committee (refer to the Program Administration section of this manual). As the program is implemented over time, the participants can get more involved in taking the information and ideas that are presented and creatively adapting and revising them so that the sessions support them as they design and work toward their own recovery and wellness.

Some people may only be able to attend for very brief periods of time. Their first steps toward wellness may be smiling at one person a day, looking one person in the eye, or brushing their teeth. Staying in the room, even curled up in a corner, may be all that they can do. Some people may be experiencing the effects of recently stopping alcohol or other drug use. They may have a hard time sitting in a group for long periods. Others may have a hard time sharing in any way. All of this is acceptable. Each person is welcomed and their recovery path, as they define it, is supported.

In this curriculum, each person is accepted as the unique and special person that they are, and is assisted and supported in taking the next steps toward recovery and wellness. All adaptations of the curriculum must adhere to the following program values and ethics.

## Values and Ethics

The values and ethics provide the basic guide to decision making and program adaptation. Facilitators should review the following “Values and Ethics Checklist” to ensure conformity before and after each session and make any changes to the checklist that were adopted in the sessions. All proposed adaptations and revisions must be assessed to ensure that they fit within these values and ethics before they are implemented.

# Values and Ethics Checklist

Date: \_\_\_\_\_

1. Each session supports the premise that there is hope, that people can get well, stay well for long periods of time, and do the things they want to do with their lives.

Indicators: \_\_\_\_\_

Participant responses indicate that they have or are developing a sense of hope.  y  n

Participants are making plans for their future that include recovery.  y  n

2. Self-determination, personal responsibility, empowerment, and self-advocacy are key aspects of this program.

Indicators: \_\_\_\_\_

Participants share ways they have kept or have taken back control over their lives.  y  n

All topics reflect a focus on self-determination, empowerment, and self-advocacy.  y  n

3. The program supports group decision making and personal sharing.

Indicators: \_\_\_\_\_

All decisions concerning the group are made by the group with group members deciding how issues are to be resolved.  y  n

Personal sharing within time and subject parameters is encouraged and supported.  y  n

4. Participants are treated as equals with dignity, compassion, mutual respect, and unconditional high regard.

Indicators: \_\_\_\_\_

Participants seem comfortable and at ease in the sessions.  y  n

Facilitators' self-reports and observations of each other indicate that all participants are treated as equals with dignity, compassion, mutual respect, and unconditional high regard.  y  n

5. There is unconditional respect for people as the unique, special individuals they are, and accommodation of cultural diversity; ethnicity, language, religion, spirituality, race, gender identity, age, parenting, military experience, disability, sexual orientation, and "readiness" considerations.

Indicators: \_\_\_\_\_

At each session, facilitators ask the group whether they feel that they are being treated well, that their needs are being accommodated, and that the program supports diversity.  y  n

6. There is zero tolerance for discrimination or disrespectful comments; facilitators make accommodations and intervene as needed.  y  n

Indicators: \_\_\_\_\_

7. This program is based on the premise that there are no limits to recovery.

Indicators: \_\_\_\_\_

All participant goals and plans are supported without judgment.  y  n

# Values and Ethics Checklist

8. Participants are given the opportunity to explore choices and options, and are not expected to find simple, final answers.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators agree that the atmosphere at the session supported choice and options.  y  n

9. All participation is voluntary.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators agree that all participation was, in fact, voluntary. \_\_\_\_\_  y  n

10. It is understood that each person is the expert on themselves.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators agree that participants were supported in speaking from their own experiences and making their own decisions based on their self-knowledge. \_\_\_\_\_  y  n

11. The focus is on individual strengths and away from perceived deficits.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators and participants agree that the focus was on things that people do well, and that there were no negative judgments or deficit-based assessments. \_\_\_\_\_  y  n

12. Clinical, medical, and diagnostic language is avoided.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators agree that they did not use clinical, medical, and diagnostic language.  y  n

13. The focus is on working together and having peers learn from each other to increase mutual understanding and knowledge and to promote wellness.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Each session includes several interactive exercises that include the entire group or smaller groups. \_\_\_\_\_  y  n

14. The program emphasizes strategies that are simple and safe for anyone, and it stays away from strategies that may have harmful effects.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators and participants agree on which strategies are simple and safe, and facilitators moderate the discussion away from strategies that might have harmful side effects, directing participants to resources that will inform them on these topics. \_\_\_\_\_  y  n

15. Difficult feelings and behaviors are seen as normal responses to traumatic circumstances.

Indicators: \_\_\_\_\_  
\_\_\_\_\_

Facilitators and participants agree that difficult feelings and behavior were seen in the context of what was happening and not as symptoms or a diagnosis. \_\_\_\_\_  y  n

Plan for change in response to any items that are checked "No."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Encouraging Consistent Attendance

Making a 24-week commitment to a recovery program may be difficult for some people. Others may be willing to commit but lose interest over time and attend only sporadically or not at all. However, those people who attend most of the sessions are found to reap the most benefits.

Facilitators can have a problem-solving session to uncover possible ideas for remedying the situation if attendance starts to decline. Some participants and members of the steering committee could be included in this session. Some ideas might include:

- Making sure that people enjoy coming to the training by treating them well, showing a special interest in each person, having a diversity of interesting activities, holding the sessions in an inviting space, and having healthy refreshments that everyone can enjoy;
- Asking people who have taken the course previously to come to a session and describe how the course has helped them;
- Calling participants between sessions to check in; and
- Offering transportation and/or child care.

Having celebrations at regular intervals (like after people have completed certain sections) throughout the training instead of only at the end. Some ideas might include:

- Holding separate social events for participants;
- Holding the sessions twice a week so that they last for 12 weeks instead of 24 weeks;
- Shortening the individual sessions; and
- Having a series of mini-courses that cover all of the content over time (see “Mini-Courses, Workshops, and Individual Sessions” next).

## Mini-Courses, Workshops, and Individual Sessions

This curriculum can be offered as mini-courses by following the instructions in this manual and including the Essential Elements described in this section of the manual. Suggested mini-courses follow:

- Key concepts – Lessons 1-7
- Recovery tools, skills, and strategies – Lessons 8-14
- Development of action plans, advance directives, and post-crisis planning – Lessons 15-19
- Wellness topics – Lessons 20-24

Participants can choose the courses of most interest to them without having to commit to the full course.

An agency or organization that is concerned about having the capacity to do the complete course might choose to start with a mini-course. Facilitators uncomfortable about their skills or making a larger commitment might also prefer a mini-course.

Any of the topics can be offered as 2-day, 1-day, or half-day workshops that are open to larger groups. Again, use this manual as a guide and include the Essential Elements in each session. These elements may need to be modified for larger groups. For instance, facilitators may not be able to check in with each person at the beginning and end of the session. And rather than have the whole group develop the Participant Guidelines, facilitators can write the most common ones on a poster and then ask for more ideas from the group.

Taking Action can also be adapted for use as a recovery and wellness guide by a single person working on their own recovery or working with the support of the peer or care provider of their choice.

## Learning Styles

This curriculum is multimodal to ensure learning success for all participants.

This approach means it has been developed to accommodate a wide variety of learning styles.

Everyone has a different learning style. Using a variety of styles ensures that culturally diverse group members can participate, learn, and share, including those who have learning differences, physical impairments, or those who have had fewer educational opportunities. Some of the ways people learn include working and sharing with others, introspection, reading, and various forms of self-expression including writing or speaking activities, music, sound and rhythm, using logical sequences, using the body to express ideas and feelings, and visualizing or graphically representing images.

This section describes Creative Arts, Expressive Choices, and Learning Activities that can be used to enhance learning opportunities. The descriptions of each session include recommendations for use of these resources, expressive choices, and learning activities. For example, if the group is held at a treatment center for substance use disorders, the activities and examples or stories can be geared to the common experiences of people in co-occurring mental health and addiction recovery. A group that is held at a neighborhood church or community center in a largely Latino area might make use of music that is rooted in the Latin culture.

Facilitators can revise the lessons to better meet the needs of a specific person or group.

### *Creative Arts*

Creative arts give people options for how they participate in activities, how they share with the group, and how they develop resources for their own use. The facilitator should provide information on a particular topic and describe an activity that enhances learning on this topic, making available many different modes of expression. For instance, the group may have had a discussion about self-advocacy. The participants can then prepare a brief presentation for the group that describes a time when they advocated for themselves. They can do this by telling the story, making creative artwork, recording their response and playing it for

the group, telling their response to someone else and having them share it with the group, expressing their thoughts through movement or role-plays, creating images, making a PowerPoint presentation, and using other meaningful ways. Some people may want to share music that expresses their response.

The facilitator should set up a section of the meeting space (if possible, it can be in a separate room) where supplies and equipment needed for these choices are available. This space should include one or several tables and comfortable chairs, and any of the following inexpensive items:

colored markers of various widths	colored pencils
drawing pens	tempera or other kinds of paints
wallpaper samples	ribbon cloth
and felt scraps	sandpaper
marbles, beads, or smooth stones	shells
uncooked pasta	dry beans
dried and/or artificial flowers	plastic pieces
string	old greeting cards or postcards
magazines that can be cut up	scissors
glue, glue sticks, and tape	scraps of fabric
assorted paper	sculpting clay
photography paper	use of computers, printers, scanners
digital or throwaway cameras	use of CD players, DVDs and CDs
colored and white poster paper	sticky notes
musical and rhythm instruments	file folders

Group members, sponsoring agencies, and program supporters might donate many of these items. If the equipment and supplies cannot be left in the learning space between sessions, they can be kept in a cardboard or plastic carton for ease of transport. The facility where the sessions are held might have space available where supplies can be stored between sessions. Volunteers from the group can help with gathering these materials and keeping the space in good order. These items might also be used to enhance learning for other activities.

At first, participants may feel uncomfortable making choices for themselves, and learning and expressing



their learning in various ways, but this discomfort usually passes quickly. It is more comfortable for most people if the activity is structured so that it includes clear instructions and time guidelines.

As facilitators work with this curriculum, they will find more and more opportunities to use these creative arts.

### *Expressive Choices*

The following expressive choices give people more options for ways they can share with the group and record information. They can also be used to give people more options in creative arts, enhance learning activities, or be specific activities. They will be suggested in the curriculum, but the facilitator and/or the participants may discover other ways they can be used to enhance understanding and learning. The facilitator can introduce participants to these choices as they are first used. The facilitator can refer back to this section for specific instructions on how to implement the learning activity.

The following supplies and equipment can be available for expressive choices, in addition to the supplies and equipment listed in the previous section, Creative Arts:

newsprint easel pads	one or two easels
marking pens	masking tape
overhead projector	audio players and recorders
blank tapes	lined binder paper
ring binders	sticky notes
sets of tabs	

### Sticky Notes

Sticky notes are an essential option. A good supply of these notes in various sizes and colors can be available at all times. For every activity in which there is group interaction, participants can have the option of writing or drawing their response on a sticky note and giving it to the facilitator to attach to a sheet of paper and later read to the group, or the sheet of paper can be posted for the participants to read at another time.

### Storytelling

Participants are given a set amount of time, such as 5 or 10 minutes, to share part of their story with the group. It can be focused on a particular topic, like

their story of hope, or be more general, like what their life has been like. Other expressive choices and even creative arts can be used for storytelling. Before sharing, participants can be given a few minutes to reflect and plan their sharing. Some people may wish to sketch, move, chat, or write briefly during the planning time.

### Audio Recording

Some participants may prefer recording themselves; their stories, responses, and exercises. It may be useful to have several recording and playback devices available. If they are uncomfortable speaking but would like to share, they have the option of playing something they have recorded for the group. Playback devices can also be used to listen to music that has a certain theme or that evokes particular feelings and ideas. Some participants may want to develop their own set of recordings. Others may not feel comfortable with anything they say being recorded; some participants may decide not to use recording devices at all during the group. Guidelines and preferences should be respected. If individuals are recording themselves, it is a good practice to suggest that identifiers and names are not recorded and that recordings are erased once participants are finished with them.

### PowerPoint Presentations

If there is access to a computer and an LCD projector, it is possible to develop a presentation of key points on any topic using the information in the lesson as well as information from related resources that fit within the values and ethics of the curriculum. Slides with information on local recovery-related activities and groups can be added. It is important to make sure the participants are comfortable with the technology used in the presentations. For example, it is possible that certain groups, such as a group of older adults, may find information posted on pre-made flip chart pages more accessible than a PowerPoint presentation.

### Computers

If computers are available for group use (a facility that has a classroom with computers might be available, computers could be donated to the program, or participants might have their own laptop computers), they could be used for a wide variety of activities

like writing and graphic design. In some venues and with certain audiences, some participants may find the use of computers and other types of technology intimidating. Facilitators should remain sensitive to the cultural atmosphere of the venue, the backgrounds, and current circumstances of the participants.

### Writing

Participants can write about their experiences on a specific topic, record information, or make lists for future reference. Writing should always be optional. Other ways of responding should be available and valued as well.

Participants can write on sticky notes that can be attached to a larger sheet. Afterward, a participant or the facilitator can read all the notes to the group.

### Reading

Various written resources will be recommended throughout the curriculum. Some of these can be available for people to read to themselves during the session, and others can be available as handouts.

Some people in the group may be interested in research related to recovery. There are various studies listed in “References” at the end of the “Introduction” in this manual. Copies of the research findings can be available at sessions for review by interested participants.

Do not ask people in the group to take turns reading to other members of the group from selected writings. This activity is embarrassing for most people, especially people who have difficulty reading, don’t read at all, or speak English as a second language. It also reminds people of their elementary school experiences and may be boring.

### Music

Music may be used in various ways to enhance learning. Soothing background music can be played during a relaxation or visualization exercise or during some other activity if all group members find it to be acceptable. Songs that convey a hopeful message about a topic can be played to illustrate a point. Participants can share music or “make” music that is meaningful to them, a part of their ethnic or cultural background,

or illustrates concepts or feelings. They can bring in their own tapes, MP3s or compact discs, and their own musical instruments. Some simple rhythm instruments can be available for people to use to illustrate concepts or feelings. People’s preferences regarding sound vary, so avoid playing any music that is difficult for anyone in the group to hear or music that is extreme or loud, or keep time limits brief for musical presentations. (1-3 minutes).

Various homemade and inexpensive musical instruments can be available. For instance, homemade instruments might include empty oatmeal boxes with lids, film canisters filled with various small objects like pennies or rice, an old spoon on a string with a second spoon for dinging, two smooth sticks for hitting together, empty glass soda bottles filled with various levels of water for “pinging” or “blowing,” plastic buckets turned over and made into drums, and metal hangers on strings for hitting together. Participants might purchase or bring in inexpensive instruments that might include drums, tambourines, triangles, castanets, bells, xylophones, a thumb piano, maracas, recorders, tin whistles, harmonicas, and a pitch pipe.

### Learning Activities

These sessions include a variety of learning activities. The facilitator can refer back to this section for specific instructions on how to implement the learning activity. In addition, the facilitator can use these learning activities to adapt the lessons to meet specific needs.

In addition to the equipment and supplies listed previously in the “Creative Arts” and “Expressive Choices” sections, a selection of props (a prop box) would be useful for many of the suggested learning activities. This box might include:

pillows of various sizes	hats (large and silly)
balls of various sizes	canes or walking sticks
chairs or a bench	milk crate or medium-sized box
old or broken telephone	a small folding tray table
old lamp	artificial flowers
egg timer	dolls and toy trucks
plastic or wooden dishes	empty picture frames
silverware	

## Presentation or Introduction

There may be times when the facilitators or participants introduce a topic or share specific information with the group in a brief verbal presentation. This might be sharing dietary guidelines, a system for organizing handouts and information, getting good medical care, the results of a research project, or information about recovery community events and resources. Before making such a presentation, the presenter knows the information to be presented—having studied it in advance or having it as an area of personal expertise. *The presentation needs to be as brief as possible, summarizing the material with some, but not too much, supporting information.* Key points can be illustrated through various expressive choices or resources including a PowerPoint presentation, slides, or posters. These visual supports make information available to visual learners. Time can be allowed for further information sharing and questions. Additional resources such as handouts or booklets might be available. Follow the presentation with additional activities that give participants an opportunity to process, internalize, and reinforce the new information.

## Demonstration

The facilitator or one or several participants should show others how to do something specific, like developing an organizing system or a monitoring chart.

## Group Conversation

Discussion is group conversation about a specific topic or issue. It can happen in small or larger groups. The facilitator or a group member should introduce a topic or ask the group a question. Then together, through dialogue with everyone in the group, they should work together to find possible answers to the question and uncover new and different ways of thinking.

This conversation can be preceded by a time for people to jot down or clarify some initial thoughts on their own. This time can also be used to share ideas with one or two other people, and then one person from the group reports to the larger group.

Conversation can help people assess, and sometimes change or expand, their thinking on specific topics. It helps to have some guidelines about how long people can talk. The group can also have the rule that no one talks a second time until after everyone that wants to speak has had a chance. One person can write the key points on an easel pad (see easel pad note taking).

Group members can discuss assumptions and try to come to some resolution on whether or not the assumption is valid. For instance, for a long time it was assumed that people who experience mental health difficulties never get well and cannot do anything to help themselves, or those with alcohol and drug problems have no willpower. Through group discussion, the group can decide whether or not they agree with this assumption.

## Easel Pad Note Taking

The group can respond to questions and requests for group input by generating lists. The lists should be recorded on easel pad paper by a facilitator or a volunteer from the group. Label the sheet of paper with the topic that is being addressed. Print responses in large print and as clearly as possible using dark-colored markers. Use extra sheets of easel paper as needed. Various colors of dark magic markers make them easy to read, give emphasis, and differentiate one response from the next. Post the completed sheets on the wall.

Many people prefer the easel pad paper that is sticky across the top of the back for ease of posting. However, this kind of easel pad paper is much more expensive. You can easily use the easel pad paper that doesn't stick to the wall and attach the sheets to the wall with masking tape.

Responses can be typed into a computer, and copies can be made to give to participants at the next session. It is empowering for people to see their thoughts recorded. To have their thoughts written makes them even more significant. Furthermore, to have their thoughts typed and given out as a handout makes them even more powerful.

Easel pad note taking can also be used in small groups. The group meets to discuss a particular topic or question. The participants then write or draw their response on one or several sheets of easel paper. It can be posted in the room, and participants can have an opportunity to share their response with the rest of the group.

#### Validating Chat

Give every participant a small piece of green paper and a small piece of red paper. Have them arrange the papers in front of them with the green piece on top and the red piece underneath. The facilitator or a participant should ask a question. A person responds to the question in one or several sentences. Then another person responds, first referring back to what the first person said and then adding their own comments. The next person refers to what the previous person said or to what another person said and so on. As each person responds they put their red paper on top of the green paper to signify that they have had their turn. When each person who chooses to speak has had a turn, people put the green paper back on top and another question is asked. The process is repeated.

#### Posters

Make posters of lists of things like the Participant Guidelines, key points, or affirmations. Make these in advance of the lesson so that they can be posted before people arrive. Use large dark-colored magic markers for printing. Decorate these posters using other magic marker colors. Participants can be invited to decorate the posters as they are introduced. This step can be as simple as the participants choosing the color for the poster board: “What color should our Guidelines poster be?” or more complex such as: “Will someone draw an illustration to go on the top of our key point poster today?”

Participants can also make posters to display around the room using words, pictures, and drawings about specific topics. A gallery can be set up where participants have time to study each poster while a person who took part in developing the poster describes it. People can take turns walking or staying with their poster. Everyone can have sticky notes to stick on the poster with either questions or positive comments.

“When I think of...”

This activity is an opportunity to share thoughts about a specific word. It is best done in small groups. The group is asked: “When you think of \_\_\_\_\_, what one word comes to mind? Why did you think of that word?” The group can share their words and put them together to create a group poem, picture, song, or dance. Some possible words might be support, trust, affirmation, fun, challenge, participation, and fulfilling.

#### Brainstorming

The facilitator should share a problem or issue with the group. Group members call out possible ideas or solutions. The facilitator or a volunteer should write the responses on easel pad paper. These solutions can be typed and given to the attendees as a handout.

Sticky notes can be used for brainstorming so that everyone’s ideas can be heard. People write their ideas on a sticky note and attach it to a sheet of paper. The facilitator or a volunteer from the group should read the responses. When a person’s response is being read, they can elaborate on it if they choose to do so.

#### Classifying and Categorizing

In some activities, it may be helpful to group things together in categories for ease of understanding. For instance, there might be a category of actions and a category of actions to avoid. Descriptive tables, charts, diagrams, and flow charts may also be helpful. Use graphic organizers that are included in some software programs to add a visual element to sessions.

#### Problem Solving

In a group setting, a volunteer suggests a problem. For example, if the group is focusing on diet, a person might say that they have a hard time affording healthy food. This problem is written across the top of a sheet of easel pad paper and underneath that is written the words “possible solutions.” The members of the group give suggestions for solving the problem. These suggestions are listed on the easel pad (easel pad note taking). The person who suggested the problem does not interrupt with reasons why the solution would work or why it would not work. After the group has

generated a list of possible solutions, the easel pad sheet is given to the person who had the problem so that they can consider the various solutions. Then another person has an opportunity to share a problem.

### Graphic Representations

Some activities include using color and form, along with various media and tools, to represent feelings and responses or create change. For example, give participants a box with items of various colors and textures (wallpaper samples, ribbon, cloth, felt, sandpaper, marbles or smooth stones, shells, uncooked pasta, dry beans, dried flowers, moss, and plastic pieces of string), and challenge each person to create a representation of successful self-advocacy and unsuccessful self-advocacy. They can then share it with a partner or the group.

### Drawing Activity

The facilitator can give participants a page of flipchart paper and the choice of a variety of colored markers. They can use this page throughout the lesson and share the page at the end of the session. Examples of drawing activities include:

- The facilitator may challenge the participants by saying, “Sometime today, I want you to listen for and identify something someone says that feels like it could use a hurrah or a celebration. When you hear it, pause and make a celebration illustration for the person.”
- Participants may be given this option: “Use your flipchart page at some point in today’s lesson when you become profoundly aware of a feeling you have. Color the feeling. You may use real images, geometric shapes, or just color patterns. If you can, label your illustration with the name of the feeling at the bottom.”
- The page can also be used to gather and record specific responses to be shared with the group. For example, participants may make their own

lists for developing a lifestyle that supports recovery. Flipchart pages can be posted on the walls and participants can ask for additional pages as needed. Drawings can be scanned and projected in PowerPoint or displayed on a computer screen.

### Movement

People can choose to represent thoughts and feelings through body movement. Make sure there is space available in the room for these activities. It is also helpful if there are props available as listed at the beginning of this section.

### Role-Playing

Participants are given a possible scenario and asked to act out specific roles, as either individuals or in groups. For example, people in co-occurring recovery may want to role play what they plan to say at a family event to someone who offers them alcohol. It can be helpful to rehearse refusal skills or assertiveness with the group in anticipation of real life situations. It is helpful if there is a short time limit to this activity, to let people know how much time they have to prepare. Role-playing can be followed by a group discussion of the meaning of the role-play. It can include the use of words, sound, physical movement, and various props.

### Relaxation Exercises

Participants are asked to follow along with instructions read by the facilitator or played on a tape or CD. These exercises often begin with deep breathing, followed by focusing on relaxing parts of the body, and/or tensing and relaxing parts of the body. They may include some simple movement. Some relaxation exercises end with a visualization exercise. Keep in mind that for many people with histories of trauma, initially, these activities may be challenging or may not feel safe. It may be best to ask participants what helps them feel safe in these kinds of activities. It may be they need to keep their eyes open or sit quietly while others do it. This is all acceptable.

Quiet, soothing background music can be played during the exercise. Many of these types of relaxation exercises are available on the Internet or as podcasts. People may have favorites that they would be willing to share with the group.

#### Visualization

Various exercises in the curriculum include visualizing positive situations. The facilitator or a volunteer should read the visualization instructions as the participants relax and follow along in their minds. This exercise may be preceded by a relaxation or deep breathing exercise. Give participants the option of doing this visualization sitting in a chair, sitting on the floor, or lying on the floor—wherever they feel comfortable. Participants can also have the option of leaving their eyes open, bowing their head, or looking downward if they feel uncomfortable with their eyes closed. Participation is voluntary. Those who have difficulty visualizing or prefer not to be involved in the activity can use this time to draw using creative arts. Participants might also choose to use visualizations as a tool when they are planning how to share their creative arts.

#### Peer Counseling

Participants divide into pairs for a given amount of time, such as 10, 20, or 30 minutes for peer counseling. For the first half of the time, one person can express him or herself any way he or she chooses, such as talking, laughing, crying, or ranting. The other person pays attention without interrupting. For the second half of the time, the other person gets an opportunity to express him or herself. The only expression that is avoided is negativity toward the person who is listening.

#### Support Groups

Each participant takes a turn sharing for a given length of time, usually 5 or 10 minutes. The other participants listen without interrupting. It can be for general support or support around a specific issue. Chairs are usually arranged in a circle for support groups.

#### Cooperative Activities

Participants work together in pairs, as small groups, or with the entire group on a specific project or to

accomplish a task. Tasks with well-defined steps work best. For example, participants might work together to find an answer to a specific question, and one person would report his or her findings back to the group.

#### Peer Tutoring

Participants with expertise on a topic or skill can work with one participant or several others to increase their mutual understanding.

#### Reflection Periods

Participants take time out to think about what they have been doing or are going to do. This period can be preceded by or followed by a time for creative arts or a specific activity. For instance, some people like to journal after a period of reflection. Others prefer to create rhythm, melody, sketches, or sculpture. Some participants need to talk after reflection periods.

#### Social Activities

The group sets aside time for a fun activity like playing a game, sharing snacks, or going out for lunch. This social time can be used to celebrate accomplishments, to take a break from difficult tasks, and to increase connections between group members.

#### Presentations From the Community

From time to time, a person from the community with specific expertise can be invited to give a presentation to the group. For instance, invite a nutritionist, a massage therapist, a potter, a musician, smoking cessation specialist, or a representative from your Protection and Advocacy Agency. Before inviting a person, talk to several others who have heard them speak to make sure they will be interesting and informative. Ask the participants for their approval before inviting anyone to speak to the group or to visit or observe.

#### Field Trips

The group can choose to go together (everyone or in a small group) to visit a place for a guided tour or an informal visit. Ideas might include a health food store, the library, an Internet café, or a health club.

## Resources

Before each session, the facilitator, participants, or volunteers can work together to gather resources and information in sufficient quantity so that people can have copies for their own use. Books, pamphlets, newsletters and other publications might be available from various lending libraries or clearing houses. Others can be downloaded from the Internet and printed out. For example, the pamphlet on SAMHSA's working definition of recovery can be downloaded from the link below and printed out. Posters, brochures and other resources can usually be ordered in the quantity required at the web addresses below:

- [Working Definition of Recovery](#) - (brochure in printable PDF format)
- [SAMHSA's Wellness Initiative](#)
- [Wellness Tools from SAMHSA](#) - (posters and brochures)
- [The Offices of Women's Health - Million Hearts Campaign](#)
- [Recovery Month Website](#)
- [SAMHSA's Recovery Supports Page](#)
- [Resource Center to Promote Acceptance, Dignity, and Social Inclusion](#)

To gather resources, use the title of the session, such as "Hope" and "Self-Esteem," to begin your search. Facilitators can compile a list of useful websites or download information that might be of particular interest. Another option is to borrow or order materials from libraries, sponsoring agencies, organizations, or facilities. Explore other public and medical libraries at educational facilities and health education centers in your community. Participants, facilitators, and other volunteers may have resources they would be willing to share with the group.

## Graduations and Celebrations

As groups (or individuals) complete sections of the curriculum or the entire curriculum, or at any time

they choose, they may want to plan a celebration. This occasion can include certificates of recognition, special refreshments (cake, ice cream, pizza, etc.), balloons, and a flower or small token for each person. Each participant can have an opportunity to talk to the group about his or her achievement; guests or family members can be invited, etc. It is important to recognize every participant and not choose a person for special recognition because this detracts from mutuality and inclusion of diversity. It is also important to make sure group members work together to plan this event (cooperative activities) and that the activities are comfortable for all group members. Some participants may be from cultural groups where families and informal networks are an important part of their recovery. Others may treasure their anonymity or could be dealing with prejudice and cultural taboos regarding mental health, substance use, and help seeking.

## Learning Space

The optimal learning space for Taking Action is a large, comfortable room with good lighting, comfortable seating for each attendee, and tables for writing and creative arts as well as room for movement activities. The room should include an area where people can sit in a group for group discussion and presentations, space around the room for the creative arts, expressive choices, and learning activities and, if possible, additional rooms or space for small-group meetings or for quiet introspection. The space needs to be accessible for people who have mobility issues or use a wheelchair or electric cart. Restroom facilities need to be nearby and accessible.

Most groups prefer having the chairs in a circle. If people want to have the option of having tables in front of them, or already have that option, they can be arranged in a rectangle. Group members can decide how they would like the room arranged.

Put the following information on posters that can be hand printed on newsprint sheets and displayed for ease of reference at all sessions.

Program goal: To teach people self-determination and empowerment-focused self-help skills and strategies that will assist them in achieving wellness, stability, and recovery.

Topics with anticipated dates, if possible (if this is a mini-course, include only those topics that will be included in the course) See Topics list on page 19.

## Accommodations for Special Needs

Facilitators work together to address program adaptations that are needed to make the sessions useful to all participants. They can use the problem solving learning activity to do this. Some examples include:

- Facilitators can arrange for sign language and/or other kinds of interpretation and translation of written materials as needed.
- Volunteers can record the recovery booklets and other information for people who are visually impaired or who learn best by listening. These tapes can be easily copied on inexpensive blank audiotapes.
- If people are in restricted settings like prisons or jails, facilitators can focus on the things the people can control in their lives, like what they eat, what they read, and who they spend time with.

## Essential Elements of Each Session

The following activities are included in each session of the program, including the 24-week course, mini-courses, and individual workshops. Let the participants know what to expect, remind them of key information they need to know, help them feel comfortable in the group, and provide a sense of closure at the end of the session.

### *First Contact*

Coming to a group for the first time is difficult for anyone. It can be even more challenging for a person who has been having difficulties. The first contact

when a person arrives can make the difference between whether or not a person continues to attend the sessions. Have several greeters on hand so that there is always someone available to greet people as they come in the door. As soon as a person arrives, the greeter welcomes the person and introduces him or herself. The greeter can show the person where to hang his or her coat. The greeter can then engage the person in a conversation about general topics like the weather, “I’m glad you were willing to come out on such a hot day. How do you keep yourself cool on a day like this?”

At each session, at least one facilitator should be available 15-20 minutes before the session to greet participants as they arrive and to answer questions and concerns they may have.

### *Housekeeping*

At the beginning of each session, review basic housekeeping information such as the location of restrooms, smoking rules, time for breaks and the ending time, and the availability of food and water. Facilitators may want to make a poster with this information to display on the wall at each session for easy reference. Posters can include drawings and simple maps so that everyone can understand what is meant (see the section on *Posters* in this section).

### *Agenda*

Review topics that have been covered previously, and share the plans for the session. For instance, the facilitator might say, “You are now on the fifth lesson. You have already completed the lessons on self-esteem, hope, empowerment, and self-advocacy. Today we are going to talk about developing a system of supports. A person from a local support group will be coming by later to tell you about the group. You will have a practice support group. You will also be discussing ways that people can build their own network of support and keep that network strong.” This agenda can also be written on a poster or easel pad paper and displayed on the wall for ease of reference.



Remind people about the Participant Guidelines that they developed at the first session. Have the list of guidelines posted on the wall at all times for easy reference. Ask whether there is anything that anyone would want to add to that list.

### *Check-In*

Have a check-in activity with participants to help people feel comfortable and begin thinking about recovery. One way that can be done is to ask each group member to give a brief answer to a question that might be recovery related, interesting, or fun. These questions need to be quick and easy for people to answer and should not include in-depth self-disclosure. Some possible questions might be:

- What is one thing that you learned at the previous session?
- What have you done recently to support your recovery?
- What do you do well?
- What do you enjoy doing in your free time?
- Where is your favorite place (now or at some past time)?
- What one word describes how you are feeling right now?
- What is one thing you like about yourself?
- What is one thing you want to change in your life?
- What do you do for fun?
- What is your greatest achievement?
- What is the nicest thing you ever did for someone else?

Another way this activity can be done is to tell the group what the question is. Give them several minutes to think about and prepare their response to share with the group. The response might be a word or several sentences, a picture they have cut from a magazine, something they have drawn, a movement or pantomime, a brief tape recording—the ideas are endless. Refer to “Expressive Choices” in this section.

Sometimes a group will want to spend a lot of time on these questions. However, that can take time away from issues to be addressed in the rest of the session. The group might decide that they want to encourage the discussion, or that each person gets a certain amount of time—perhaps a minute—to respond with one word, one sentence, or a brief response.

Conventional icebreakers, which often involve movement and other kinds of challenges, may be inhibiting to members of the group.

### *Closing*

To ensure that each session is sensitive to participants’ culture—including his or her ethnic, gender, economic, educational, and other diversity needs—ask them at each session whether change is needed. If so, 1) the group can discuss and decide on adaptations to meet the need; or 2) the person or people involved can work with the facilitators to find an agreeable solution.

At the end of the session, each person can share what was most helpful about the lesson, what was not helpful, what he or she plans to do before the next session to further enhance his or her recovery, or what he or she is looking forward to using from creative arts or expressive choices.

### *Participant Guidelines*

The Participant Guidelines are developed at the beginning of the first session of the Taking Action Program, mini-courses, workshops, and follow-up support groups. They are posted and referred to at subsequent sessions.

A facilitator should describe Participant Guidelines, explaining that these are the group guidelines that they develop together, which will be used throughout the program to help assure that everyone feels comfortable in the group. These guidelines apply to both facilitators and participants.

A facilitator or volunteer from the group should write Participant Guidelines across the top of a sheet of easel pad paper. The facilitator should ask participants to

share what they need to feel comfortable and safe in the group. For instance, “We will treat each other with dignity, compassion, and respect at all times,” and “We will keep all personal information that is shared confidential.” Usually groups come up with a list of 10-20 things. If participation is limited, the facilitator can make suggestions and the group can decide whether they want the suggestions to be added to the list.

A sample of Participant Guidelines (for facilitator use) might include:

- Treat each other with dignity, compassion, and respect.
- Practice confidentiality. Names of participants and personal information are not repeated or discussed outside the group.
- Avoid interrupting when others are speaking.
- Avoid judgments and “put downs.”
- Take care of your personal needs.
- Keep your remarks brief so that everyone gets a chance to share.
- Arrive on time and end on time.
- Speak from your own experience.
- Avoid making assumptions about others.
- Avoid coming to group under the influence of alcohol or drugs.

# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Taking Action Facilitator Training

#### Training Goal

To teach as many as six people how to facilitate the 24-session Taking Action Program in six 2-hour sessions.

#### Trainers

This training is led by at least two people (trainers) selected by the sponsoring agency or organization with assistance from the steering committee.

These trainers must:

- Have teaching and training experience and expertise.
- Understand the concepts of mental health and addiction recovery and self-determination.
- Understand and be willing to follow the values and ethics of this program (refer to “Values and Ethics” in the Curriculum Implementation section of this manual).
- Have the time, willingness, experience, and ability to undertake the study and preparation needed for successful training.

These trainers can be compensated by the sponsoring agency or organization according to its fiscal policy.

Trainers should model the values and ethics of the Taking Action Program and basic elements of each Taking Action presentation throughout the training. The training can be modified to best meet the needs of the trainees.

#### Time

The facilitator training is divided into six 2-hour sessions. These sessions can be held on a schedule that best meets the needs of the trainers and the potential facilitators:

- One 2-hour session in a day, 2 days a week for 3 weeks
- Two 2-hour sessions in a day, once or twice a week
- One 2-hour session in a week, for 6 weeks

#### Training Agenda

The training sessions follow:

- Session 1 Introduction to the Course
- Session 2 Values and Ethics
- Session 3 Curriculum Overview/  
Session Preparation
- Session 4 Planning and Modeling
- Session 5 Practice and Problem Solving
- Session 6 Pulling It All Together

#### *Session 1. Introduction to the Course*

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Introductions - 10 minutes (up to 5 minutes each)

Each trainer should introduce him or herself to the group by sharing briefly:

- Why he or she has chosen to facilitate this training, and
- His or her experience and expertise in the field.

Tell participants that they will be introducing themselves to their Taking Action group and that there will be more information on this introduction during the training and in the manual (See Topic 1, “Introduction to Recovery,” in this manual).

#### Housekeeping - 5 minutes

Review basic housekeeping information such as the location of restrooms, smoking rules, time for breaks and the ending time, and the availability of food and water. Consider making a poster with this information to display on the wall at each session for easy reference. Suggest that the facilitators present this kind of information to the Taking Action participants at the first session and at other sessions as needed. (Refer to *Housekeeping* in “Essential Elements of Each Session” in the Curriculum Implementation section of this manual.)

#### Agenda - 5 minutes

Review the agenda for each session as it is listed under agenda at the beginning of this section. Also, have the agenda available for easy reference as a handout and to respond to questions from the group.

#### Check-In - 20 minutes

Divide the time between the participants, reserving 5 minutes for further explanation and questions. For instance, if there were six participants, each person would present for approximately 2½ minutes. Each participant shares:

- His or her name,
- Three sentences about why he or she has chosen to facilitate this program, and
- One thing the participant feels that he or she does well

(Refer to *Check-In* in “Essential Elements of Each Session” in the Curriculum Implementation section of this manual.)

Tell the training participants that they can use the information they share in this check-in activity for their introductions to the group. Remind the participants that at each session of Taking Action,

they will check in with the participants and respond to questions from the group. Suggested check-in questions are included at the beginning of each session.

#### Presentation - Program Overview - 20 minutes

Trainers should present the following to the participants:

- Welcome participants to the training.
- Thank them for their willingness to be Taking Action Program facilitators.
- Review the Program Goal: To teach people self-determination and empowerment-focused self-help skills and strategies that will assist them in achieving wellness, stability, and recovery.
- Summarize information from “Introduction” and “Program Overview” in the Program Information section of this curriculum, and refer people to the manual for the topics to be covered.
- Share reasons why the sponsoring agency or organization has chosen to implement this curriculum (gather information from the steering committee and from agency staff prior to the training).
- Explain that, throughout the training, the trainers will model facilitation skills, program values and ethics, and various components of the program.
- Respond to questions from the group.

#### Break - 10 minutes

#### Participant Guidelines, Presentation, and Easel Pad Note Taking - 20 minutes

Describe Participant Guidelines, telling people that these are the guidelines that will be used throughout this training to help assure that everyone feels comfortable and safe in the group. Remind them that these guidelines apply to the facilitators and the participants, and that they will be developing similar guidelines with Taking Action Program participants.

Tell people that these guidelines need to be reviewed at the beginning of each session.

Ask participants to share guidelines that will be important to their comfort in this training, record their responses on an easel pad and post them for reference throughout the training. Respond to questions from the group. (Refer to *Participant Guidelines* in “Essential Elements of Each Session” in the Curriculum Implementation section of this manual.)

#### Defining Recovery - 20 minutes

Mental health and/or substance use recovery is:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

#### Validating Chat

Goal: To give participants practice with telling others why they believe in recovery and responding to challenges from people who are not supportive.

Each participant responds to each of the following questions.

- What does “recovery” mean to you?
- What words do you associate with recovery?
- What does “co-occurring recovery” mean to you?

The trainer should write responses on an easel pad (referred to as easel pad note taking). These responses can be typed into a computer, and afterwards, copies can be made and given out as handouts the following week.

Ask participants how they would respond to the following statements:

- People with mental health difficulties cannot get better. There is nothing they can do to help themselves get better or improve the circumstances of their lives.
- Once an addict always an addict; people who use drugs or alcohol rarely recover.
- People with mental health difficulties who also have difficulties with drugs or alcohol are hopeless.

## *Introduction to Co-Occurring Recovery*

### Presentation

Remind the group that it is up to each individual to decide what recovery looks like for him or her; the program does not limit what constitutes recovery, nor does it assume that mental health and substance difficulties arise in isolation from related experiences such as trauma, substance abuse, or addiction. It takes a holistic view of recovery and wellness.

It does assume that individual recoveries often encompass more than one problem and that recovery is progressive; when people begin the journey, no matter where they start, they are likely to achieve wellness in other areas of their lives.

### Discussion

Let participants know that it is very common for people with mental health difficulties to use alcohol or other substances, including food, to relieve troubling emotional states. It is even more common for people with addictive disorders to also be dealing with mental health difficulties. Many people struggle with other addictive or compulsive behaviors like shopping, Internet use, gambling, or work.

### Validating Chat

Facilitators dealing with groups of diverse people who have different recovery needs can remind participants that recovery is defined by the individual. Some individuals may want to focus solely on mental health recovery; for others, addiction and mental health recovery are closely related and involve attending to both issues. Often, for individuals with substance use issues, recovery may include periods of abstinence and relapse. Remind them that no matter what pathway to recovery they are on or what changes they are considering, this program supports them in their recovery as they define it.

Closing - 10 minutes

Modeling the actual closing of a Taking Action session, ask each participant to share:

- One new thing he or she has learned at this training,
- Something he or she is looking forward to, and
- Two things that he or she does well.

Ask participants whether there is anything that needs to be changed for the next sessions.

Give participants the homework assignment.

#### Facilitator Training Assignment

Read “Introduction” and “Program Overview” in the Program Information section of this manual.

Also review “Essential Elements of Each Session,” in the Curriculum Implementation section of this manual, including these items:

- First Contact
- Housekeeping
- Agenda
- Check-In
- Closing
- Participant Guidelines

### *Session 2. Values and Ethics*

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Check-In - 5 minutes

Each person shares one thing he or she did since the last session to maintain his or her wellness.

Agenda, Housekeeping, and Participant Guidelines - 5 minutes

A trainer should share the agenda for the session, mention any new housekeeping issues, and remind people of the Participant Guidelines.

Discussion - 10 minutes

The trainers should respond to questions from the group related to the assignment from the previous session.

Presentation: “Values and Ethics” - 95 minutes

Allow about 6 minutes for each item.

Take a 10-minute break after item 7.

Goal of This Session: To ensure that participants clearly understand recovery values and ethics and can put them into action.

Each person receives a copy of the “Values and Ethics Checklist” from the Curriculum Implementation section of the manual. A training leader tells the group that these values and ethics must be followed in all Taking Action sessions. The indicators are used to determine whether the values and ethics are being followed. Facilitators need to understand these values and ethics before they begin facilitating Taking Action groups. They also need to review them from time to time as the sessions continue. If there are any indications that the values and ethics are being violated, the facilitators should decide how to make the changes necessary to ensure that these values and ethics are followed.

Taking Action participants can be given copies of this checklist to review from time to time. If the participants do not feel the values and ethics are being followed, the facilitators can ask them to suggest changes.

A Taking Action trainer should read aloud each item along with the indicators on the “Values and Ethics Checklist.” After reading each item, the trainers should do two brief role-plays (several sentences) that illustrate the item being violated and the item being followed. Allow approximately 5 minutes for participants to ask clarification questions.

Closing - 5 minutes

Each person shares a new idea he or she learned in this session. A trainer should announce and describe the assignment for the next session.

#### Facilitator Training Assignment

Review “Learning Styles” in the Curriculum Implementation section of the manual.

Facilitators must understand these values and ethics before they begin leading Taking Action groups. In addition, they need to review them from time to time as they are facilitating the group. If there are any indications that the values and ethics are being violated, the facilitators need to make the changes that will ensure that these values and ethics are followed.

Facilitators give participants copies of this checklist to review from time to time.

If they do not feel the values and ethics are being followed, ask them to suggest changes.

### *Session 3. Curriculum Overview/ Session Preparation*

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#### Check-In - 5 minutes

Each person shares one of the values and ethics he or she recalls from the last session.

#### Agenda, Housekeeping, and Participant Guidelines - 5 minutes

A trainer should share the agenda for the session, mention any new housekeeping issues, and remind people of the Participant Guidelines.

#### Discussion - 10 minutes

The trainers should respond to questions from the group related to the assignment from the previous session.

#### Presentation - 40 minutes

This is a brief review of the curriculum topics. Trainers should prepare for this presentation by reviewing the topics list on this page and the topics description in the Descriptions of Taking Action section of this manual.

Before beginning, explain to the participants that in this training, there is only time for a brief review of each topic. It will be their responsibility as facilitators to study the topic area before the session, decide which of the suggested activities they will include in their session, and work together to plan and prepare for the session.

Make a poster of the topic areas to post on the wall, write these areas on an easel sheet, or show them on a slide.

Divide the time into four 15-minute segments (take the break after 30 minutes), two before the break and two after the break. For each segment, trainers should take turns reading the topic areas to the group and sharing briefly one example of an activity from that session. For instance, in the first segment, one trainer can describe the “Introduction to Recovery” and then describe one activity in that session. The other trainer can describe “Self Esteem” and describe an activity from that session.

#### Segment 1: Key Concepts

1. Introduction to Recovery
  - 1a. Introduction to Co-Occurring Recovery
2. Self-Esteem
3. Hope
4. Education and Research
5. Empowerment and Self-Determination
6. Self-Advocacy
7. Building a Strong Support System

#### Segment 2: Recovery Tools, Skills, and Strategies

8. Assessing Personal and Community Resources
9. Diet, Exercise, Light, Sleep, and Smoking
10. Relaxation, Diversion, and Fun
11. Dealing with Troubling Thoughts, Feelings, and Experiences
12. Peer Support, Recovery Meetings, and Peer Counseling
13. Health Care and Medications
14. Finalizing Your List of Wellness Tools

#### Segment 3: Action Plans for Prevention and Recovery

15. Developing an Action Plan for Prevention and Recovery
16. Action Planning—Triggers, Early Warning Signs, and Difficult Times

17. Advance Directives, Part 1
18. Advance Directives, Part 2
19. Post-Crisis/Relapse Planning and Using an Action Plan for Prevention Recovery

#### Segment 4: Wellness Topics

20. Addressing Difficult Life Issues
21. Employment
22. Overcoming Barriers and Challenges
23. Developing a Lifestyle That Supports Recovery and Wellness
24. Personal Assessment, Motivation, and Celebration

#### Before the Group Begins – Notes to Facilitator

It is difficult for anyone to go to a group for the first time. Attendees may feel uncomfortable, self-conscious, and anxious. The facilitator needs to arrive at least a half hour in advance of the starting time to welcome people as they arrive. Some people may arrive early. Ask participants to make themselves name tags with their first name only in large letters. Give them a binder. Have expressive choices set up in a corner of the room, and encourage people to use them to personalize their binder while they are waiting for others to arrive.

#### Visualization

Visualizations are introduced at various points in the curriculum as optional activities. Not everyone is familiar or comfortable with visualization. Explain to participants what the visualization consists of and encourage them to participate at their own comfort level. Remain aware of the response to these exercises and of cultural differences, comfort levels, and preferences. Facilitators can ask participants how they like these exercises after introducing them and gauge how often they should be used based on the response.

Divide the participants into three pairs. If you have only five participants, a trainer can be included in one pair. Each pair is either given one of the following topic areas or chooses the topic of their choice:

- Topic 3 - Hope
- Topic 13 - Health Care and Medications
- Topic 16 - Action Planning—Triggers, Early Warning Signs, and Difficult Times

Spend the remainder of the time reviewing that topic area together and deciding on a possible agenda for presenting 10 minute presentations in preparation for sharing their plans with the group at the next session. A total of 2 hours will be dedicated to these short presentations. Trainers can provide assistance. The trainers should announce that these groups will present partial sessions on these topics at Sessions 5 and 6.

#### Closing

Each person shares one thing he or she is looking forward to.

#### Assignment

Participants continue to work together to develop their presentation on their plans for their topic area at the next session.



### *Session 4. Planning and Modeling*

---

#### Check-In - 5 minutes

Each person shares one thing he or she can do to make sessions more interesting to the participants.

#### Agenda, Housekeeping, and Participant Guidelines - 5 minutes

A trainer should share the agenda for the session, mention any new housekeeping issues, and remind people of the Participant Guidelines.

#### Presentations - 45 minutes

Each pair describes their plans for the session they chose. Presentations are approximately 10 minutes each. Allow 5 minutes for trainers and other group members to give feedback and share ideas.

#### Break - 10 minutes

#### Presentation - 40 minutes

The trainers, working together, should give a 40-minute presentation on the topic area of their choice as if this were an actual session.

#### Discussion - 10 minutes

Trainers should respond to participant questions about the presentation.

#### Closing - 5 minutes

Each participant shares one new idea he or she has learned at this session.

#### Assignment

Participants prepare for the practice session.

### *Session 5. Practice and Problem Solving*

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#### Check-In - 5 minutes

Each person shares one thing he or she can do to ensure that people will want to continue to attend the Taking Action sessions.

#### Agenda, Housekeeping, and Participant Guidelines - 5 minutes

A trainer should share the agenda for the session, mention any new housekeeping issues, and remind people of the Participant Guidelines. Announce that the break will be after the first two practice facilitation sessions. Give the exact time, if possible.

#### Presentations

Allow 20-30 minutes for presentations and 10 minutes for feedback. Each pair (see Sessions 3 and 4) facilitates giving a 20-minute session to the other participants on their topic that includes at least two of the activities listed in that topic area.

#### Break - 10 minutes after two presentations

#### Presentations

#### Continue presentations

#### Closing - 10 minutes

Each participant shares one thing the participant feels he or she did well, and one thing the participant wants to improve in his or her group facilitation.

#### Assignment

Read “Program Description”; “Planning, Facilitation, and Participant Responsibility”; and “Accommodating Diversity” in the Curriculum Implementation section of the manual.

## *Session 6. Pulling It All Together*

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### Check-In - 5 minutes

Each person shares one thing he or she can do to ensure that people will want to continue to attend the Taking Action sessions.

### Agenda, Housekeeping, and Participant Guidelines - 5 minutes

A trainer should share the agenda for the session, mention any new housekeeping issues, and remind people of the Participant Guidelines. Announce that the break will be later today after the first two practice facilitation sessions. Give the exact time, if possible.

### Developing an Action Plan for Ensuring Success in Taking Action Groups - 50 minutes

Using easel pad note taking, the trainers should lead the group through the process of developing an action plan to guide their Taking Action facilitation.

Participants share the following:

Resources to ensure group success

- Breaks
- Expressive choices
- Learning activities
- Celebrations
- Peer counseling

What the group is like when things are going well

- Participants are engaged in the process
- Positive discussion is happening
- People are following the Participant Guidelines

Things that need to happen to ensure that things are going well

- Someone to greet people as they arrive
- Refreshments available
- Review of the Participant Guidelines

Things that might need to happen at a session to keep things going well

- Having more creative activities
- Taking an extra break
- Giving attention to an issue of local concern

Things that might upset the group

- People interrupting
- Someone in the group having a hard time
- A national disaster
- Someone showing up at group intoxicated

Things that can be done to help if the group is upset

- Taking time to talk about the issue as a group
- Doing a fun activity
- Checking in with each participant

Signs that things are not going well

- Attendance is poor
- People are not participating
- People are not paying attention to the Participant Guidelines

Things that can be done to help when things are not going well

- Ask group members for ideas
- Have a support group in which everyone gives his or her feedback on issues
- Change the session format
- Include only activities that people are comfortable with

Signs that things have gotten much worse and are going very badly

- No one comes to a session
- People are constantly complaining that they don't like the group
- Group members are not getting along with each other

Things that can be done to help when things have gotten much worse and are going very badly

- Have some fun activities
- Divide the group in half
- Have a group discussion and get their suggestions about what would help

The notes from this session are typed into a computer and e-mailed to participants.

Break - 10 minutes

Problem solving - 40 minutes

Using the problem-solving method described in Learning Activities of “Learning Styles” in the Curriculum Implementation section of the manual, training participants share problems they anticipate in facilitating Taking Action groups, and other participants share possible solutions. The notes from this session are typed into a computer and e-mailed to participants.

Closing - 10 minutes

Each participant is recognized for his or her participation. Next steps for the project are announced.

# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Descriptions of Taking Action Sessions

#### Topic 1. Introduction to Recovery

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##### *Goal of This Session*

1. Introduce the Taking Action Program.
2. Help assure that people feel comfortable in attending the program.
3. Develop Participant Guidelines.
4. Think about what recovery means.
5. Develop personal recovery goals.
6. Work on organizing skills.
7. Make choices about topics to be covered in the program (optional).

##### *Topic Agenda*

1. Introductions
2. Program Overview
3. Participant Introductions
4. Developing Participant Guidelines
5. Defining Recovery
6. Recovery and Wellness Goals
7. Organizing
8. Closing

##### *Facilitator Preparation Tasks*

Gather the following supplies:

- Name tags
- Various supplies and equipment to have available each week
- Filing size cardboard and/or plastic boxes
- File folders
- Three-ring binder paper
- Writing pens
- Folding envelopes for personal files

Examples of organizing tasks:

- Label file folders for information on various recovery topics,
- Prepare a poster of the program goal,
- Make handouts of the topic areas for each participant, and
- Order Recovering Your Mental Health: A Self-Help Guide for each participant.

Note to the facilitator: This is a key session. The facilitator needs to arrive at least a half hour in advance of the starting time to welcome people and help them feel comfortable as they arrive, offer them binders and materials to make name tags (first name only). Have expressive choices set up in a corner of the room, and encourage people to use them to personalize their binder while they are waiting for others to arrive.

## *Introductions*

When everyone has arrived and is comfortably seated, give them basic information about the facility, including:

- Restroom locations
- Smoking areas
- Exits
- Food and water availability

Also let them know that the facilitators and other supporters (introduce them) are available if they have questions or special needs. Remind them that participation in all or any part of this program is voluntary.

Each facilitator takes 5 minutes or less to introduce him or herself to the group, sharing his or her name and why he or she chose to do this work. The facilitator can also briefly share some personal information that might be of interest to the group, such as why this program is important to him or her, his or her history, or a significant time in the facilitator's life that is related to his or her recovery story. The facilitator might choose to use creative arts or expressive choices for this introduction.

## *Program Overview*

A facilitator gives the group an overview of the program (5 minutes or less) that includes the overall program goal and a list of the topics to be covered (see Topics list in the Curriculum Implementation section of this manual). The program goal (below), and the topics, are written on an easel pad sheet that is posted in the room.

Have a poster with the following program goal on display in the room during all sessions.

Program goal: To teach people self-determination and empowerment-focused self-help skills and strategies that will assist them in achieving wellness, stability, and recovery.

## *Discussion*

Ask participants what they think about the programs' goal and whether they have any questions or want

to make any changes to this goal in any way. If so, the group can discuss the change and, if all agree, change the goal if it fits with the values and ethics of the program.

## *Handout*

Give each participant a handout of the topic areas. Tell them that today's program is an introduction to recovery and to this program. Read through the topic areas with them. If participants need to hear the list instead of read it, the facilitator can accommodate by reading materials aloud, asking people to work in pairs, or allowing people to playback materials and handouts that have been pre-recorded. Ask people to circle or indicate the topics of most interest to them. They can also add notes or questions. Facilitators review these lists, respond to the questions and comments and, with help from the group, make plans for future sessions at the end of this session. Participants are offered the option of having someone read and/or write for them.

See Topics list on page 19.

## *Participant Introductions*

A facilitator asks each member of the group to share his or her first name and his or her favorite activity. The facilitators can begin this process by sharing their favorite activity: creative arts or expressive choices. If time allows, participants can share their favorite activity using creative arts or expressive choices. For instance, they can share a picture from a magazine, draw a picture, or show one of the props.

## *Developing Participant Guidelines*

A facilitator describes Participant Guidelines, telling people that these are the group guidelines that they develop together that will be used throughout the program to help assure that everyone feels comfortable in the group. These guidelines apply to the facilitators and the participants.

Participants divide into pairs. People get 2 minutes to discuss what they need in the Participant Guidelines to assure that they will feel safe and comfortable in the group.

A facilitator or volunteer from the group should write Participant Guidelines across the top of a sheet of easel pad paper. Then the facilitator should ask participants to share what they need in order to feel comfortable and safe in the group. For instance, “We will treat each other with dignity, compassion, and respect at all times,” and “We will keep all personal information that is shared confidential.” Usually, groups come up with a list of 10-20 things. If participation is limited, the facilitator can make suggestions and the group can decide whether they want the suggestions to be added to the list.

A sample Participant Guidelines (for facilitator use) might include:

- Treat each other with dignity, compassion, and respect.
- Practice confidentiality. Names of participants and personal information are not repeated or discussed outside the group.
- Avoid interrupting when others are speaking.
- Avoid judgments and “put downs.”
- Take care of your personal needs.
- Keep your remarks brief so that everyone gets a chance to share.
- Arrive on time and end on time.
- Speak from your own experience.
- Avoid making assumptions about others.
- Avoid using alcohol or other drugs before attending group.

### *Defining Recovery*

SAMHSA defines mental health and/or substance use recovery as: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

- Health: making choices that support physical and emotional wellbeing
- Home: having a stable and safe place to live
- Purpose: participating in activities, such as a job, school, volunteerism
- Community: forming relationships and social networks that provide support

### Validating Chat

Each participant gets an opportunity to give a response to each of the following questions. The facilitator or a volunteer should write responses on an easel pad (easel pad note taking). These responses can be typed into a computer and copies made and given out as handouts the following week.

- What does recovery mean to you?
- What words do you associate with recovery?
- What is meant by self-care?

### Introduction to Co-Occurring Recovery

Remind the group that it is up to each individual to decide what recovery looks like for them; the program does not define what constitutes recovery, nor does it assume that mental health and substance use issues arise in isolation from related experiences such as trauma, physical illness, or the absence of protective factors and social support. It takes a holistic view of recovery and wellness.

It does assume that individual recoveries often encompass recovery from more than one problem and that recovery is progressive; when people begin the journey, no matter where they start, they are likely to achieve wellness in other areas of their lives.

### Expressive Choices

Distribute packs of large sticky notes to the participants. Let them know they can use a sticky note to express themselves anytime throughout the sessions. Select a section of the wall to hang a poster board or flip chart page. Ask participants to write on a sticky note one thing they would like to overcome in addition to their mental health difficulties and have them add their note to the poster if they wish.

### Discussion

Let participants know that it is very common for people with mental health difficulties to use alcohol or other substances, including food, to relieve troubling emotional states. It is even more common for people with addictive disorders to also be dealing with mental health difficulties. Many people struggle with other addictive or compulsive behaviors like shopping, Internet use, gambling, or work.

### Validating Chat

Recovery is defined by the individual. The above definition talks about a change, includes self-direction and mentions improved health. Some individuals may want to focus solely on mental health recovery; for others, addiction and mental health recovery are closely related and involve attending to both issues. This is often referred to as co-occurring recovery. Often, for individuals with substance use issues, recovery may include periods of abstinence and relapse. Remind them that no matter what pathway to recovery they are on or what changes they are considering, this program supports them in their recovery as they define it.

The facilitator asks for volunteers to share with the group the changes they have made in recovery and read their sticky note.

### Peer Counseling

Each person gets 5 minutes to share his or her answers to the following questions. They may want to write their answers as they go along or ask the other person to write their answers for them.

- What would you like to get out of this program?
- What is your own definition of recovery for yourself?
- What would you like your life to be like when you have finished attending these classes?
- What goals do you have for yourself?
- Do you have any goals that you hope to achieve soon?
- What are your dreams?

### Creative Arts and Expressive Choices

Participants record their responses to the preceding questions and share them with the group.

### *Recovery and Wellness Goals*

#### Validating Chat

Participants discuss possible recovery goals by responding to the following questions:

- What would I like my life to be like?
- What is getting in the way of my life being the way I want it to be?
- What can I do to make my life the way I want it to be?

### Peer Counseling or Creative Arts and Expressive Choices

Participants take 5 minutes to talk with a peer about their possible personal recovery goals and/or record their recovery goals and share them with the group.

## Visualization

The facilitator should lead the groups through the following optional visualization exercise as soothing music is playing in the background:

*Make yourself comfortable sitting in your chair. You can choose to lie on the floor or sit on the floor leaning against a wall. Take several deep breaths. (Facilitator pauses for 30 seconds.) Now make a fist and tense the muscles in your arms. Relax. Notice how your arms feel as you relax. Push your shoulder blades together and hold. Relax. Notice how your shoulders feel when they are relaxed. Now scrunch up all the muscles in your face—your forehead, your cheeks, and your jaws and hold. Relax. Now imagine yourself 1 year from now. You have met an important recovery goal. Only you know what it is. Imagine how you will feel. Imagine how you will look. Imagine yourself telling your friends or family about your success. Be with those good feelings for a few moments. (Facilitator pauses again for about a minute.) Gradually bring your attention back to the room.*

## Organizing

Keeping track of recovery information facilitates the recovery process and saves valuable time that might be lost looking for information. Participants may want to develop a system for keeping the materials from this course and other information on recovery and wellness organized.

## Demonstration

Demonstrate various types of organizing systems including:

- A cardboard box and a plastic box to store labeled file folders.
- Folding file envelopes (these work well for people who are in hospitals, institutions, and group homes).
- Ring binders and tabs (these are useful for keeping track of action plans for prevention and recovery that will be developed later in the program).

Show them possible tabs and other labeling systems. Show them several organizing systems that are already being used. Ask the participants whether they have questions about organizing systems, and ask them to share other ideas.

## Creative Arts and Expressive Choices

Provide materials so that people can develop one or more of these filing systems for use in the program and for their own use. The first thing they could file in these systems would be their recovery goals developed earlier in the session and the booklet that they get at the end of the session.

## Closing

Participants ask any questions they have about the program and provide feedback on the first session. If this is an option, participants discuss the topics they want to cover and make plans for future meetings.

Pass out [Recovering Your Mental Health: A Self-Help Guide](#). Mention some of the resources, along with local resources:

- [Recovery Month Website](#)
- [Working Definition of Recovery](#) - (brochure in printable PDF format)
- [SAMHSA's Wellness Initiative](#)
- [Wellness Tools from SAMHSA](#) - (posters and brochures)
- [SAMHSA's Recovery Supports Page](#)

Before leaving, each person shares one thing he or she is looking forward to in his or her life that should occur before the next session.



## Topic 2. Self-Esteem

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### *Goal of This Session*

To encourage participants to look at their strengths and gifts and to take part in exercises that build self-esteem.

### *Topic Agenda*

1. Check-In
2. Defining and Building Self-Esteem
3. Reinforcing Positive Feelings About Yourself
4. Closing

### *Facilitator Preparation Tasks*

Prepare a poster or slides for these activities:

- “Building Self-Esteem”
- “Reinforcing Positive Feelings About Yourself”

Also prepare a slide or poster with options of lists people can develop for themselves. Order copies of SAMHSA’s booklet SMA-3715, [Building Self-Esteem: A Self-Help Guide](#), for each participant if this has not been done.

### *Check-In*

Each participant shares one positive thing that the participant would like the other group members to know about him or her.

### *Defining and Building Self-Esteem*

#### Validating Chat

Ask the group to share definitions of self-esteem.

#### Creative Arts and Expressive Choices

Participants have 10 minutes to decide their own definition of self-esteem and work on a way of presenting it to the group. The group reconvenes, and each participant shares his or her definition of self-esteem.

#### Poster or Slide, and Validating Chats

The facilitator should share the following list of things people can do right away that will help raise self-esteem. Participants have validating chats on the italicized words.

- Pay attention to your own needs and wants;
- Take very good care of yourself;
- Keep personal commitments to remain free of alcohol and other drugs;
- Eat healthy foods and avoid junk foods;
- Exercise;
- Do personal hygiene tasks;
- Plan fun activities for yourself;
- Take time to do things you enjoy;
- Get something done that you have been wanting to do;
- Do things that make use of your own special talents and abilities;
- Dress in clothes that make you feel good about yourself;
- Give yourself rewards;
- Spend time with people who make you feel good about yourself, and avoid people who treat you badly;
- Make your living space a place that honors you;
- Learn something or improve your skills;
- Do something nice for someone else; and
- Make it a point to treat yourself well.

#### Easel Pad Note Taking

Participants share other simple and safe things they can do to raise their self-esteem.

## Role-plays

Allow 5-10 minutes for preplanning so that people can use creative arts and expressive choices in their role-plays. Participants divide into pairs and choose one of the role plays below.

**Role-play #1.** For 2 minutes, one person tries to convince the other person what makes him or her a good friend by telling the person everything positive about him or herself—even smallest details, through self-confession—while the other person listens without interrupting. Then the other person has 2 minutes to do the same. The facilitator times the sessions and announces when it is time to switch.

**Role-play #2.** For 2 minutes, one person tries to convince the other person to hire him or her for a job by listing all of his or her strengths, skills, and abilities. Then the other person has 2 minutes to try to convince the other person to hire him or her for a job.

After they have completed this role-play, people gather in the group and each person shares how this exercise felt to him or her. The group members take time to make a list of their personal strengths (using creative arts and expressive choices) to put into their organizing system. They can also share their list with the group if they choose.

## *Reinforcing Positive Feelings About Yourself*

### Visualization

Note to the facilitator: Encourage people to participate at their own level of comfort, explain the exercise and stress that it is voluntary. In some cultures, people are taught not to brag or feel too “full of themselves.” Facilitators can acknowledge that another way to

think of this exercise is paying attention to strengths and abilities.

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now listen to the following statements about yourself:*

*You are a wonderful person. You have many strengths, talents, and abilities. You have accomplished many good things in your life and you will accomplish much more. You are proud of yourself for having the courage to keep going in even the most difficult times. You are a winner.*

*Notice how this feels in your body. Stay with these good feelings for several moments. Tell yourself: I have a right to feel this way about myself all the time (long pause). Bring your attention back to the room.*

At the end of this exercise, participants might like to share how that felt to them using the creative arts and expressive choices.

## Poster, Slide, Creative Arts, and Expressive Choices

Slide or poster shows the following options for lists that people can develop for themselves. People can choose the ones they want to work on.

- Five or more of your strengths,
- Five or more things you admire about yourself,
- The five greatest achievements in your life so far,
- Ten things you have accomplished,
- Ten ways you can treat or reward yourself,
- Ten things you can do to make yourself laugh,
- Ten things you can do to help someone else, or
- Ten things you can do that make you feel good about yourself.

Participants use creative arts and expressive choices to develop their lists. They can include these lists in their organizing system for easy reference.

### *Closing*

Ask people to share one word, image, or gesture to describe how they feel (positive or negative) and any songs that help them feel good about themselves. Give them a copy of the booklet SMA-3715, *Building Self-Esteem: A Self-Help Guide*, to review and store in their file. Refer them to the many exercises in the book they can do on their own.

## Topic 3. Hope

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### *Goal of This Session*

To help participants understand that there is hope; they can get better and work toward meeting their goals; and there are many simple, safe, and effective things that they can do to help themselves recover.

### *Topic Agenda*

1. Check-In
2. Feeling Hope
3. Defining Hope
4. Stories of Hope
5. Reminders of Hope
6. Support for Hope
7. Closing

### *Facilitator Preparation Tasks*

Make a poster of the goal for the session (see the “Feeling Hope” activity). Gather resources that include:

- Research projects that support the concept of hope.
- Stories about people who have recovered or who are working on their recovery.
- Music that gives a message of hope.

Ask volunteers to record research findings and stories and provide them with a list of web pages and resources, such as:

- [SAMHSA’s Working Definition of Recovery](#)
- [Recovery Month Website](#)
- [SAMHSA’s Recovery Supports Page](#)
- [Resource Center to Promote Acceptance, Dignity, and Social Inclusion](#)

### *Check-In*

Each person shares one thing he or she has done recently that he or she enjoyed.

### *Feeling Hope*

Presentation, Introduction, and Poster

Display the goal on a poster during the session.

Introduce the topic by reading the goal aloud:

*The goal of this session is to help you understand that recovery is real and that you can get better and work toward meeting your goals; there are many simple, safe, and effective things you can do to help yourself recover.*

Share the following:

*Believing that there is hope for recovery and for working toward meeting personal goals is often difficult for people who have been told they can never get well. It can be even harder for those who also have difficulties with alcohol or drugs; who may hear a variety of conflicting and negative messages. There is now research that proves that people who have mental and substance use difficulties can and do get well and move on with their lives. There is lots of hope. Many, many people, even those who had the most serious difficulties, have achieved a high level of wellness.*

### *Defining Hope*

SAMHSA talks about the importance of hope as one of the guiding recovery principles:

Recovery emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is a catalyst of the recovery process.

### Validating Chat

Participants discuss how the previous readings differ from what they have been told or may have believed in the past.

### Creative Arts and Expressive Choices

Participants share words, depictions, or examples of hope. Words can be written on an easel pad. Images can be posted.

### *Stories of Hope*

Each person who chooses to do so gets 5-10 minutes to share his or her story of hope with the rest of the group. The person can use creative arts and expressive choices to share his or her story if the person chooses. Allow time for preplanning.

### *Reminders of Hope*

Each person shares one thing that gives him or her hope. Allow 5-10 minutes for preplanning responses. The person can then share his or her response with the group. These responses can later be included in each persons organizing system.

### Easel Pad Note Taking

Participants share positive things they can say repeatedly to themselves or things they can do that remind them that there is hope. Record responses on the easel pad. People can also write their responses on sticky notes and attach them to the easel pad sheet. Examples of responses might include:

- “Every day in every way I am getting better and better and better.”
- “Many people have gotten well and stayed well. That’s what I’m doing.”
- “There is lots of hope.”

These responses can later be included in their organizing system.

### *Support for Hope*

Participants break into small groups according to the activity of their choice to spend 10-20 minutes (or more if they choose) learning about hope. The groups are:

- Research that supports hope,
- Stories of hope, and
- Hopeful music.

Each group plans how they will report what they have learned to the group (creative arts and expressive choices). The group reconvenes and participants share what they have learned. Other group members can ask questions.

### *Closing*

Ask each participant to share one thing that gives the participant hope when he or she is having a difficult time. Participants are offered a copy of the pamphlet, *SAMHSA’s Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders*.

## Topic 4. Education and Research

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### *Goal of This Session*

To help participants understand the importance of education and research in mental health and addiction recovery, and to introduce them to various ways they can get the information they want and need.

### *Topic Agenda*

1. Check-In
2. Why Education Is Important
3. Educating Yourself
4. Closing

### *Facilitator Preparation Tasks*

Make a poster or slide and handouts. Gather various recovery resources that present differing perspectives on mental health recovery issues and addiction recovery resources that present differing perspectives on co-occurring recovery issues. Include resources that are gender specific, relevant to people of color, older people, and young adults. Include information on trauma and healing from past abuse. Arrange access to the Internet and a printer (you may want to arrange to hold this session in a computer lab). Arrange field trips (optional).

### *Check-In*

A facilitator should ask participants to share one thing about mental health recovery that they would like to know. The facilitator or a volunteer should write the responses on a sheet of easel pad paper for reference during the class (see easel pad note taking).

### *Why Education Is Important*

Facilitators can begin by saying something like:

In upcoming sessions, you will talk about the importance of self-determination—making decisions for yourself about your own life. In order to make good decisions, you must find the information on key questions that can affect your wellness, your recovery, and your life.

Create a poster to display that includes the following, which you will read aloud:

Self-determination—making good decisions for ourselves about our own lives.

### *Validating Chat*

The facilitator should ask the group to discuss why education is important to recovery and wellness.

### *Educating Yourself*

Make a poster or slide of the following to display in the room, and give it to people as a handout to include in their organizing system. Another option is to ask participants to share possible information sources (easel pad note taking):

### *Information sources*

- Books,
- Libraries (public, hospital, organizational, and others),
- Organizational newsletters,
- Mail or e-mail,
- Internet websites,
- Videos and DVDs,
- Recordings and CDs,
- Health care practitioners,
- Pharmacists,
- Family resource centers,
- People with similar issues, and
- Schools.

### *Validating Chat*

Have a validating chat about each of the information sources listed above.

### *Resources*

People work together in pairs or small groups reviewing the resources and finding the answers to the questions that were shared in the check-in.

## Brainstorming

The group brainstorms where the answers might be found for any questions where answers were not found. Ask whether anyone in the group has the answer to a question, and if so, ask them to answer it.

## Computers and Presentation

This activity is dependent on the availability of computers, the interest, and the availability of facilitators. If necessary, those people who choose to do so can go to a computer lab while others review other resources.

Before beginning to use computers to find information, participants should understand that it is not safe to share personal information on the computer.

If personal information is required to access a site, it is best to choose another site. Participants should also understand that a lot of the information on the Internet is not true, is partially true, or is advertising a particular product. Remind them that before deciding they agree with information found on the web, check to see where the information came from. Is it from an individual whose background is unknown? Is it a national organization that has a good reputation and a philosophy that is agreeable to them? Is it sponsored by a company that wants to sell a product? Is it from a respected hospital or university? If it is still unclear whether the information is accurate, asking several friends and/or a trusted health care provider is best.

Using one or several computers or a computer lab, demonstrate (or have someone with computer expertise demonstrate) how to get on the Internet and how to look up mental health and addiction recovery topics. Participants can take turns looking up a topic on the computer while other participants review the other resources. People can use a printer to print copies of downloaded articles. People who are already familiar with computers can choose to review the other resources (peer mentoring).

Another alternative would be to prearrange a field trip to a computer lab at a school, a library, or an Internet café where there is someone available to teach participants how to use the Internet to find information. Participants can be taught how to access computers on a regular basis. If there are several computers, people in the group who have computer expertise, and people in the group who would like to learn how to use the Internet, peer mentoring can be used with the person who has the most experience working at the keyboard.

## Field Trip

Take the group to the library and show them where they can find various resources that will help answer their recovery questions. Check with the group in advance to find out whether this is an activity they are interested in.

## Problem Solving and Easel Pad Note Taking

Each participant takes a turn asking a question or shares a problem about mental health or co-occurring recovery. Other participants share possible answers.

## Closing

Save time so that participants can organize materials that may have been downloaded, and handouts, in their organizational systems. Address issues that people are having with keeping their information organized.

Ask participants to share one thing they learned in this session and one thing they will try to find out about before the next session.

## Topic 5. Empowerment and Self-Determination

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### *Goal of This Session*

To help participants develop a sense of their own power and understand their rights, and support them in taking the necessary risks in making their own decisions and taking action.

### *Topic Agenda*

1. Check-In
2. Personal Rights
3. Protecting Your Rights
4. Rights Violations
5. Taking Back Your Power
6. Getting What You Want and Need for Yourself
7. Closing

### *Facilitator Preparation Tasks*

Look up the telephone number for your state or regional Protection and Advocacy Agency. Write it on a poster to be displayed during the session.

Make a poster, slide, and/or tape recording of personal rights. This can also be a handout that people include in their organizing system.

Make the poster or slide and handout, and the worksheet, for the activity “Getting What You Want and Need for Yourself.”

### *Check-In*

The facilitator should ask each person to share a personal right. These rights are written on the easel pad (see easel pad note taking).

### *Posters, Slides, and Tape Recording*

Have the following list of personal rights available on a poster, on a slide, as a handout, and/or on a tape. A facilitator or volunteer should read the rights to the group, asking for questions or feedback after reading each right.

### *Personal Rights*

- I have the right to be treated with dignity, compassion, and respect.
- I have the right to change my mind.
- I have the right to make mistakes.
- I have the right to follow my own values and standards.
- I have the right to express my feelings in a manner that will not harm others.
- I have the right to be involved in, and sign off on, all plans for my treatment.
- I have the right to say no to anything I feel is unsafe, violates my values, or I am not ready for.
- I have the right to determine my own priorities.
- I have the right to be uniquely myself.
- I have the right to feel scared and say, “I’m afraid.”
- I have the right to say, “I don’t know.”
- I have the right to make decisions based on my feelings, beliefs, and values.
- I have the right to my own reality.
- I have the right to my own needs for personal space and time.
- I have the right to be playful and frivolous.
- I have the right to be healthy.
- I have the right to be in a non-abusive environment.
- I have the right to make friends and be comfortable around people.
- I have the right to change and grow.
- I have the right to have my needs and wants respected by others.
- I have the right to grieve.
- I have the right to be happy.
- I have the right to my own spiritual beliefs.
- I have the right to seek the services and supports that meet my needs.



### Easel Pad Note Taking

Participants share other rights they can think of.

### Validating Chat

Participants choose one or several rights to discuss. For instance, the group might choose to discuss, “I have the right to say no to anything when I feel I am not ready, it is unsafe, or it violates my values.”

### Small groups

Participants divide into pairs or small groups. Each group chooses one right that is most important to them. The group discusses it and plans a way to do a brief presentation on that right to the group using expressive choices. Each group shares their presentation with the entire group.

### *Protecting Your Rights*

Use role-playing and “I” statements to practice helping participants protect their rights. Examples of scenarios include:

- A person telling a care provider that she has a right to be part of planning her own treatment and that she needs to sign off on any decisions made that concern her;
- A person telling a family member that he wants to be treated nicely when he is at home;
- A person telling a family member that she has a right to live in a home that is free of alcohol and drugs;
- A person telling a doctor that he needs a change in medications because he is putting on too much weight;
- A person telling a friend that he has the right to be happy without being asked if he has forgotten to take his medications; and
- A person telling a doctor she has a right to information about side effects and potential for dependency and abuse of each medication she is considering.

### *Rights Violations*

Ask each participant to share a time when their rights were violated and how that felt to them. When a person’s rights are violated, often the best thing to do is tell the other person that they have violated your rights in a non-threatening way using “I” statements. When you use “I” statements, say clearly what is true for you without assuming anything about the other person. This often opens the door for further discussion. Angry outbursts often shut down communication. For instance, you could say:

- “I am upset when you say I don’t have the right to decide what is best for me.”
- “I feel angry when you tell me I have to go to a group and I don’t want to go to that group.”

Every state has a Protection and Advocacy Agency. If you feel your rights have been or are being violated and you have not been able to resolve the situation, contact your state Protection and Advocacy Agency. Have the number posted (see the *Posters* description within “Learning Styles” in the Curriculum Implementation section of the manual), have each person write the number in a convenient place in their organizing system such as the front of his or her binder, and/or give each participant a card with the telephone number of the Protection and Advocacy Agency. Each state also has a Single State Agency for Alcohol and Drug Services. This number can be posted in case group members feel their rights were violated or need to resolve a situation with a substance treatment provider.

### *Taking Back Your Power*

Brainstorm on each of the following:

- Things you can do to keep your rights from being violated.
- Things to do if you feel that your rights have been violated.

### Getting What You Want and Need for Yourself

Display the poster or slide, and handout, for the group and read it:

1. Decide what you want or what you are working toward.
2. Get the facts.
3. Plan your strategy.
4. Decide the first steps you can take to achieve this goal.
5. Gather your support.
6. Target your efforts.
7. Express yourself clearly and calmly.
8. Be firm and persistent.

### Worksheet

Participants work on the following worksheet on their own, with another person, or with a facilitator to answer the following questions:

- Name one thing you want, such as getting safe housing, taking a course, getting off probation, having your children live with you, changing medications, losing weight, or getting a driver's license.
- How would you learn about getting this for yourself?
- How can you accomplish this goal?
- What would be the first steps you would take to make this happen?
- Who would be your supporters in doing this?
- Who would you have to ask or work with to make this happen for you?
- What are some important things to remember as you do this—like expressing yourself clearly and calmly and being firm and persistent?
- How would you feel if you accomplished this goal?

Participants share their findings with the group using creative arts and expressive choices.

### Problem Solving

Participants take turns sharing problems they have getting what they need. Other participants share ideas for overcoming this barrier.

### Role-Plays

Participants do the following role-plays:

- Asking your doctor for a complete thyroid test,
- Talking to school personnel about going back to school,
- Talking to an agent about getting safe housing,
- Asking a care provider for copies of mental health records,
- Asking a care provider to make changes in your treatment plan,
- Requesting vocational rehabilitation services,
- Filing a restraining order,
- Requesting additional educational support for your child, and
- Asking for compensation for a rights violation in a treatment facility.

### Visualization

Facilitators may want to remind participants to engage in visualization exercises at whatever level is comfortable for them, before beginning the following exercise.

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax*

*completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now think about something you really want in your life like getting a driver's license, having a car, having more money, living in the country, graduating from school, having a good friend, or getting a pet. Then imagine that this has already happened. See yourself at this time. Notice the good feelings in your body. Now decide whether you want to take the first steps toward making this a reality. What would those steps be? Relax and take a few moments to focus on taking those first steps. Now bring your attention back to the room.*

Participants can share how they felt after the visualization if they choose to do so.

### *Closing*

Ask participants to share one thing they learned in this session that was helpful to them.

## Topic 6. Self-Advocacy

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### *Goal of This Session*

To help participants think about assertiveness and anger, specific laws and rights, and use of advocacy skills to access services and get what they need and want.

### *Topic Agenda*

1. Check-In
2. Assertiveness
3. Anger
4. Understanding Involuntary Commitment Laws
5. Avoiding Involuntary Commitment
6. Finding Out What You Need to Know
7. Advocacy Issues
8. Self-Advocacy Practice
9. Closing

### *Facilitator Preparation Task*

Make copies of the following documents so that each person can have them to keep in his or her organizing system:

- Involuntary commitment and coercion and restraint laws in your state,
- Americans with Disabilities & the law
- Social Security *Red Book* concerning work and benefits,
- Landlord Tenant Law,
- *Know Your Rights: Are You in Recovery from Alcohol or Drug Problems?* and
- SAMHSA booklet SMA-3719, *Speaking Out for Yourself: A Self-Help Guide*, if these have not been obtained previously.

### *Check-In*

Each person shares one thing he or she asked for or did in the past week to create some small change in his or her life.

### *Assertiveness*

Each person responds to the following using expressive choices:

- What does assertiveness look like for you?
- Describe a time in your life when you were assertive.
- What are the barriers that keep you from being assertive?
- How can you overcome these barriers?

### *Anger*

Divide into pairs. Each person gets 5 minutes to answer the following questions:

- What is anger?
- What makes you angry?
- What are you like when you are angry?
- How do you express your anger?
- Does your anger help you get what you want?
- Does your anger keep you from getting what you want? If so, what can you do about it?

### *Understanding Involuntary Commitment Laws*

Say the words “involuntary commitment.” Ask the group to share a word or image that this word brings up for them. Note to the facilitator: Many people are likely to think of prisons and jails rather than hospitals.

The facilitator should hand out copies of the state’s involuntary commitment law and review it with the group. The group discusses how they feel about this law.

## *Avoiding Involuntary Commitment*

Participants answer the following question.

*“How can you avoid involuntary commitment?”*

The answers can be captured on easel pads and made into a handout to be distributed at the next session.

Possible responses might be:

- Stay away from people and places where I could get in trouble
- Do what I need to do every day to keep myself well and take very good care of myself
- Have and use action plans for prevention and recovery
- Stay clean and sober
- Don't break the law

## *Finding Out What You Need to Know*

Each person shares two questions he or she has about services. Participants work in pairs, finding the answers to their questions either on a computer or through resources that have been gathered in advance. They then report their answers back to the group. For instance, the WorkWORLD website answers questions about going to work, how going to work affects housing entitlements, food stamps, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits, and rules concerning the medical rights and appeal process for insurance carriers including both private and Medicaid services. The following resources help people with work and benefits:

- [SSI/SSDI Outreach Access and Recovery \(SOAR\)](#)
- [Working While Disabled—A Guide To Plans For Achieving Self Support](#)
- [FIND IT!- Department of Labor](#)
- [Job Accommodation Network](#)

## *Advocacy Issues*

People divide into small groups to discuss one of the following topics (participants choose the group that is of most interest to them): the Americans with Disabilities Act, Landlord Tenant Law, applying for Social Security, health care coverage for alcohol and drug treatment services (Medicaid/Medicare), employment and benefits, and other topics of interest to the group. Then the group works together, using the resources available and the Internet, to find the answers to their questions. One person in the group records information on the topic that can be shared with the rest of the group when they reconvene.

## *Self-Advocacy Practice*

Participants role-play the following scenarios:

- Asking an employer for accommodations in the workplace,
- Asking a landlord to change the locks on your apartment after there has been a break-in,
- Reapplying to Social Security after benefits have been denied,
- Trying to get Medicaid to pay when they have said they will not,
- Advocating for yourself to have your rights honored in a homeless shelter, and
- Advocating for admission to a residential drug and alcohol treatment center even though you take a prescribed psychiatric medication.

## Visualization

Conduct the following relaxation exercise while playing calming music in the background after making sure participants are comfortable with it:

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now imagine that you have successfully advocated for yourself to get something you really deserve. Notice how that feels in your body. Where do you feel it? Stay with that good feeling. Let that feeling spread through your body. Be with it for a few minutes. Remember that this will happen each time you advocate for yourself. Bring your attention back to the room.*

## Closing

Each person shares something he or she plans to make happen for him or herself and how he or she plans to do it. Participants are offered a copy of the booklet SMA-3719, [Speaking Out for Yourself: A Self-Help Guide](#) and [Know Your Rights: Are You in Recovery from Alcohol or Drug Problems?](#)

## Topic 7. Building a Strong Support System

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### *Goal of This Session*

To help participants understand the importance of having a strong system of natural supports, and having strategies for building or rebuilding their support network and for keeping their support system strong.

### *Topic Agenda*

1. Check-In
2. Importance of Friends and Supporters
3. Attributes of Friends and Supporters
4. Finding Friends and Supporters
5. Initiating Contact With New Friends
6. Dos and Don'ts in Friendships and Peer Relationships
7. Difficult Times
8. Improving Relationships with Your Family
9. Making Plans

### *Facilitator Preparation Tasks*

Make a handout from the last session of responses to the question in “Avoiding Involuntary Commitment” to give to participants at this session. It was: *“How can you avoid involuntary commitment?”*

Gather information on support and peer support groups in the area, recovery meeting schedules, volunteering options (Is there a local clearinghouse for volunteers?), places where people can find information on community events, recovery support centers, and lists of special interest groups to bring to the group. If possible, get copies of information for everyone or make the information into a handout. Information on these opportunities can be included in the resource

binder (refer to “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section of this manual) that is available for review at each session.

Make a poster or slide for “Finding Friends and Supporters.”

Make a poster or slide for the activity in “Improving Relationships with Your Family.”

Make a poster or slide, and handout, of the list of affirmations from the Validating Chat in this section.

### *Check-In*

Ask participants to share a word, phrase, image, or movement that describes how they feel when they are having an enjoyable time with another person. Use creative arts and expressive choices.

### *Importance of Friends and Supporters*

Have validating chats about the following questions:

- Why are friends and supporters important?
- Why is it important to have natural supports? (Natural supports are not health care providers, but rather, supporters you choose like family, friends, and community supports.)
- Who are the people in your life you really like to be with? How do they make you feel?

### *Attributes of Friends and Supporters*

People work together in small groups of two or three people to make a poster that describes the attributes they would like in a friend or supporter. The posters are hung on the wall. One person from each group shares the meaning of their small group's poster with the rest of the group. Possible attributes include things like honest, trustworthy, a good sense of humor, friendly, warm, supportive, etc.

### *Finding Friends and Supporters*

List the following on a poster, slide, or easel pad:

- Support groups,
- Peer support groups,
- 12-step groups,
- Faith-based groups,
- Work or volunteering,
- Attending community events,
- Special interest activities,
- Cultural organizations,
- Family networks,
- Friends and social contacts, and
- Involvement in community or political action projects.

After reading each item, share the information about local contacts. Ask the group for questions, feedback, and additional suggestions about other opportunities. Write key information so that participants can easily copy it, make copies of it to hand out at the next session, and/or include information on these resources in the resource binder for group reference.

### *Initiating Contact with New Friends*

Ask volunteers to do the following brief role-plays and others that are suggested by group members:

- Introduce yourself to someone at a community event like a concert,
- Ask someone you have met in a support group to join you for a snack at a local restaurant,
- Suggest to another person that you get together and go to a movie you have been discussing at a special interest group, and
- Ask someone you have gotten to know fairly well at a special interest group to go out on a date for dinner and a concert

After each role-play, the group assesses the role-play, how the interaction might have worked for them, and how it might be improved.

### *Dos and Don'ts in Friendships and Peer Relationships*

Have two pieces of easel pad paper hanging on the wall side by side. Ask people to share ideas on things that strengthen relationships on one sheet and things that might weaken relationships on the other. For instance, calling a person every day or several times a day can go on the weaken relationships sheet, and preparing a casserole for a friend who has had the flu can go on the strengthening relationships side. Have each person choose one item on the list of positive things to illustrate using creative arts and/or expressive choices. They can then share this illustrated item with the group.

### *Difficult Times*

Write each of the following questions across the top of a sheet of easel pad paper. Ask the participants to share their answers to these questions:

- In the past, what are some things that were done to you when you were having a difficult time that were not helpful, or made you feel worse?
- What would you like others to do for you when you are having a difficult time to help you feel better?
- What can you do to help someone else when they are having a difficult time?

Describe an experience when you were having a difficult time and someone did something that made you feel a lot better.



### *Improving Relationships with Your Family*

Write the following ideas for improving relationships with family members on a poster or slide. You may be able to improve your relationships with family members by:

- Being supportive of them;
- Encouraging open discussion of family issues;
- Planning activities and get-togethers with family members, sharing good times as well as bad;
- Holding family meetings to discuss the kind of support you would like from family members and how they feel about providing it; or
- Finding out what kind of things family members need from you.

Have a validating chat about each of these ideas. Then ask the group to share other ways to improve relationships with family members (easel pad note taking).

### *Music*

Ask members to share the titles or several lines from songs that describe positive relationships or make up the chorus of a new song about positive relationships. This song could be performed, written by one person and performed by another, spoken words with background music, or recorded.

### *Validating Chat*

Make a poster or slide that lists the following affirmations:

- I deserve to be treated well;
- I treat others well;
- If I am having difficulties with another person, we talk about it and try to find a solution;
- I stay away from people who treat me badly; and
- I am clear with others about things like when they can call me, when they can come to my home, what kinds of things we do together, and what I can lend or give them.

Have a validating chat about each of these affirmations.

Make copies of these affirmations to give out as a handout for people to include in their mental health recovery organizing system.

### *Making Plans*

Each person shares how he or she plans to build his or her support system and/or keep it strong.

## Topic 8. Assessing Personal and Community Resources

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### *Goal of This Session*

To introduce the concept of action planning for prevention and recovery and to begin work on the first section of the plan, developing lists of skills, strategies, and services to use in developing action plans. These lists will be used in other sessions to develop action plans.

### *Topic Agenda*

1. Check-In
2. Introduction to Action Planning for Prevention and Recovery
3. Organization
4. Community Resources
5. Personal Resources
6. Closing

### *Facilitator Preparation Tasks*

Get copies of SAMHSA booklet SMA-3720, [Action Planning for Prevention and Recovery: A Self-Help Guide](#), for each participant if this has not been done previously.

Have binders, tabs, and filler paper and file folders available, or have each participant bring those supplies to the session. If people put together binders in the first session, they can use that binder or they can use the filing system they developed previously.

Make a poster or slide to remind participants of the topics already covered (not necessary if this is a mini-course). Also make a poster that lists the topics that will be covered in the sessions on the Wellness Toolbox and another of Important Points in the “Introduction to Action Planning for Prevention and Recovery.”

Make the poster of Important Points to remember to display at every session on the Wellness Toolbox and on the “Introduction to Action Planning for Prevention and Recovery.”

### *Check-In*

Each participant shares one thing the participant does when he or she is not feeling well that helps the participant feel better.

### *Introduction to Action Planning for Prevention and Recovery*

The facilitator should remind the group of the topics covered to date. If this is a group who is working on the entire curriculum, the list of these topics can be shown on a slide or poster displayed at this time. The facilitator should then tell the group that in the next eight sessions, they will explore all of the possible things they can do to stay well and help themselves feel better if they are feeling badly. For those also in recovery from substance use, the alternatives they have to drinking or abusing drugs as a way to feel better will be explored. The answers to all of the possibilities will be components of the Wellness Toolbox.

Make the following list of upcoming sessions into a poster to be shared.

### *Wellness Toolbox*

- Assessing Personal and Community Resources;
- Diet, Exercise, Light, Sleep, and Smoking;
- Stress Reduction;
- Changing Negative Thoughts to Positive Ones;
- Peer Support;
- Positive Relationships and Connections;
- Health Care and Medications;
- Maintaining Abstinence from Harmful Substances; and
- Meaningful Work or Learning Activities.

### *Refining Your List of Wellness Options*

After they have completed the Wellness Toolbox, they will develop action plan steps, advance directives, and post-crisis plans using these tools. In this first session, they will develop an organizational system, if they haven't already done so, for their Toolbox and

action plan steps. They will use this system through the following sessions and begin to discover the many resources they can put in their Wellness Toolbox. Make the following points into a poster to be displayed at every session on developing the Toolbox and Action Plan for Prevention and Recovery.

#### Important Points to Remember

- You are the only one who can develop your own Wellness Toolbox and your Action Plan for Prevention and Recovery;
- You decide which tools will work for you;
- You modify them to meet your own needs;
- You put into your plan anything you want; just the way you want it;
- You use the tools and plans as you choose; and
- You don't have to show your plan to anyone else unless you want to.

The tools that you discover in the next few sessions will help you stay well and stay in recovery by helping you relieve difficult feelings and behaviors, and/or will help you to cope with them—things like hearing voices, self-harm or thoughts of self-harm, anxiety, agitation, the obsession to drink or use, and hallucinations.

#### Validating Chat

Have a validating chat about difficult feelings and behaviors that are uncomfortable and are barriers to you in your life, why you are committed to recovery, and why you would like to stay well. This activity can include the use of expressive choices.

#### Organization

Describe the range of organizational options available for organizing the Wellness Toolbox list and plans, including binders, other kinds of notebooks, a file box and folders, an envelope file, a computer, and tape recorders. Demonstrate how each could be used. Participants choose which option they would like to use and set up their system (if they need to) using the available supplies. They will need a place in their system for the Wellness Toolbox (they can divide this into sections if they wish), four action-planning sections, a section for the advance directive, and a section for

the post-crisis plan. They may choose to personalize their system using creative arts. Information will be added to these organizational systems throughout the following sessions.

#### Community Resources

Post a large single sheet of paper or four to six sheets of easel pad paper taped together on the wall to make a large wall chart. Have a supply of markers in bright colors available. Across the top of the paper write “Community Resources” in large letters.

In the center, draw a circle that represents the community. Draw short lines from the community circle that connect with circles that represent businesses, agencies, organizations, fellowships, and facilities in the community that could be helpful to people who are working to stay well or recover—places of worship, mental health agencies, particular stores, meetings, health centers, non-profit organizations, and educational facilities. If participants choose to do so, they can name specific agencies or organizations like the North Shore Mental Health Agency, the Dry Dock Sober Café, and the Blue Grass Hiking Club. Have group members share additional ideas. From each circle that represents an agency or organization, draw short lines to circles that represent each activity within that agency or organization that might be helpful. For instance, lines from the church might be committees, support groups, and study groups. Lines from non-profit organizations might be special interest groups, concerts, hikes, field trips, and educational programs. Circle those that are likely to cost money in red, those that are free in green, and those that might be covered by benefits in blue.

Allow time for participants to study the chart and use it as a guide to list the resources that they feel might be helpful to them. Also, allow time for participants to write, tape, or represent their choices in another way for their organizational system.

#### Cooperative Activity

Using the chart as a guide, several volunteers or participants in the group work together to develop a handout for group members that includes lists,

resources, and information with contact people and telephone numbers, including:

- Public mental health and substance abuse treatment resources;
- Private facilities; information on fees, sliding scales, and insurances they accept;
- Places to get medical, alternative, or other health care service at low cost or free;
- Patient assistance programs for medications;
- Veterans Administration (VA) benefits handbooks available free from the VA;
- Places to get free services, like massage schools, beautician schools, etc.;
- Educational institutions that have classes open to the public;
- Recreational facilities;
- AA, NA, Alanon Hotlines;
- Local Ticket to Work vendors;
- Legal aid services;
- Family resource centers;
- Public libraries and their services;
- Food banks, food cooperatives, places to get free or low-cost meals, and soup kitchens;
- Farms with pick-your-own fruits and vegetables;
- Movie theaters and local playhouses that give discounts to people who are in retirement, of low income, or with disabilities;
- Transportation discounts; and
- Shelters and detoxes.

As an alternative, the facilitator can develop a notebook of resources for the local area that is available at each meeting. Participants can add resources as they discover them.

### *Personal Resources*

The facilitator should ask the group this question, “What simple, safe, free things do you do to help yourself feel better when you are feeling badly?”

The participants call out ideas as the facilitator or a volunteer writes them on a sheet of easel pad paper. People write or represent those they think will be helpful to them in a way that allows them to include the list in their organizational system. This session can be tape recorded and copies made of the tape for participants who prefer these recordings. They can erase those ideas that they would not want to use. Their community resources and other additions to their Wellness Toolbox can also be cataloged in print or recorded in an MP3 format, included as part of their Wellness Toolbox, or even downloaded on to people’s phones.

### *Validating Chat*

The facilitator should ask the group this question, “What things might help some people feel better but would not be good choices for others?”

Have a validating chat about this topic.

### *Creative Arts and Expressive Choices*

Participants share with the group one of the things they do to stay well or feel better when they are not feeling well.

### *What Do You Think?*

When I say, “Helping yourself feel better,” what do you think of?

### *Closing*

Ask each participant to share one resource that the participant learned about in today’s lesson that he or she plans to try. Hand out copies of SAMHSA booklet SMA-3720, *Action Planning for Prevention and Recovery: A Self-Help Guide*.

## Topic 9. Diet, Exercise, Light, Sleep, and Smoking

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### *Goal of This Session*

To help participants uncover personal wellness tools related to diet, exercise, light, sleep, and smoking.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Your Physical Health
4. Effects of Diet, Exercise, Light, Sleep, and Smoking on Wellness
5. What Do You Know?
6. Setting Goals
7. Developing Personal Lists
8. Closing

### *Facilitator Preparation Tasks*

Get copies of SAMHSA's booklet SMA-3718, *Developing a Recovery and Wellness Lifestyle: A Self-Help Guide*, for each participant.

Make a poster or slide of the topics to be covered and for the activity in “Your Physical Health” and a monitoring chart for the “What Do You Know?” activity.

Gather supplies for the resources activity. This listing of national resources may be helpful:

- [Working Definition of Recovery](#) - (brochure in printable PDF format),
- [SAMHSA' Wellness Initiative](#),
- [Wellness Tools from SAMHSA](#) - (posters and brochures),
- [The Office of Women's Health - Million Hearts Campaign](#),
- [Recovery Month Website](#),
- [SAMHSA's Recovery Supports Page](#), and
- [Resource Center to Promote Acceptance, Dignity, and Social Inclusion](#).

### *Check-In*

Ask each participant to share something he or she did recently to increase his or her wellness.

### *Introduction*

The facilitator should introduce the topics to be covered—diet, exercise, light, sleep, and smoking. These topics can be displayed on a poster or slide. The facilitator should remind the group that in the previous session they discussed community and personal resources; these sessions are focused on developing a Wellness Toolbox that will be used to develop an Action Plan for Prevention and Recovery. This session will cover wellness tools, including things you may want to avoid that have to do with diet, exercise, light, sleep, and smoking. Additional information can be found in the SAMHSA booklet SMA-3718, *Developing a Recovery and Wellness Lifestyle: A Self-Help Guide*, which will be handed out at the end of the session.

### *Your Physical Health*

Your general physical health can influence difficult feelings, negative thinking, hearing voices, anxiety, psychosis, depression, the obsession to drink or use, etc. They can be more troubling if you:

- Are not eating the right foods;
- Are not getting enough sleep;
- Have a fever;
- Feel ill or anxious during menstrual cycles;
- Are not taking vitamins;
- Have a physical illness like the flu, anemia, etc.; or
- Don't get regular checkups and routine healthcare.

Ask participants to list other health issues that might make them feel worse.

### *Storytelling, Movement, or Music*

Participants share experiences, through storytelling, movement, or music, in which they feel their physical health made them feel worse and how they dealt with that.

## *Effects of Diet, Exercise, Light, Sleep, and Smoking on Wellness*

The group has validating chats about the following questions:

- What is the relationship between diet and how you feel?
- How does exercise affect your health?
- How have you used exercise to stay well and help reduce or eliminate voices, cravings, and other uncomfortable or distressing feelings?
- What are some activities that are exercises you don't think about (like house cleaning, ironing, bike riding, mowing the lawn, and gardening)?
- Why is light important to wellness?
- How do you feel after a good night's sleep?
- What are the pros and cons of smoking?
- What are the benefits of routine healthcare?

### Cooperative Activity and Small Groups

Divide into small groups of two or three people, with each group choosing diet, light, exercise, sleep, or smoking for their focus. Each group chooses a recorder to record responses from the group. The task of the group is to find five wellness tools that relate to their topic. A small group with ample time can have two sessions of each of these break-out sessions.

After the groups have developed their list of wellness tools, allow time for them to work on a way to present their findings to the larger group. For instance, they can develop a poster or posters using words, drawings, or pictures cut from magazines, they can tape record their responses and share them with the group, they can do role-plays that describe the topics, or they can represent their findings in movement or music. Each group then shares their findings. The facilitator can add other ideas that the group may not have thought of and remind participants that wellness tools are very personal and what works for one person may not work for someone else.

Following are examples of the kinds of wellness tools that people may share:

### Diet

- Eat three healthy meals a day and healthy snacks
- Eat at least 5 servings of vegetables a day
- Drink six or more 8-ounce glasses of water a day
- Avoid excessive sugar, caffeine, high fat, and highly salted foods

### Exercise

- Spend 10 minutes a day doing a stretching exercise
- Go to the gym at least 3 days a week
- Go for a 20-minute walk 3-5 times a week
- Climb the stairs twice every day

### Light

- Spend at least a half hour each day outside
- When inside, spend most of your time in well-lighted spaces and near windows
- Expose yourself to supplemental full-spectrum light Put the window shades up every day
- Sit outside on a bench while you are having lunch

### Sleep

- Go to bed at 11 o'clock every night
- Get up at 7 o'clock every morning
- Avoid caffeine and nicotine; avoid alcohol or abstain from it entirely
- Use only prescribed medications and follow doctor's exact instructions
- Engage in quiet activities for at least a half hour before going to bed

### Smoking

- Limit smoking each day to five cigarettes
- Avoid places where people are smoking
- Gradually cut back on smoking by one cigarette a day
- Avoid smoking
- Remind yourself of the health risks of smoking

Other wellness tools that have to do with physical health might include regular checkups and preventive care, abstaining from the use of illegal drugs, avoiding people who use illegal drugs, protecting yourself from the spread of HIV and other communicable diseases, and removing yourself from unsafe situations or companions.

Note to the facilitator: Judgments of personal wellness tools should be avoided. For instance, if a person says he or she is going to limit his or her cigarettes to five a day, that is a personal choice. It is not the role of the group or the facilitator to judge that choice or to suggest that the person stop smoking. The group can have an educational activity or program about smoking if everyone in the group agrees that they should do so or the group may wish to have information available on smoking cessation programs.

#### Community Presentations

Consider having people from the community with expertise on one of these topics make a short presentation to the group for 15 minutes or so. For example, you can invite a dietitian or nutritionist, an exercise coach, a public health nurse who can talk about Hepatitis and HIV prevention, a health care provider who specializes in sleep, and/or a person from a local smoking cessation program.

#### Storytelling, Music, or Movement

Give each participant 5 minutes to describe the success the participant has had in creating change in his or her diet, exercise, exposure to light, sleep, and/or smoking.

#### Demonstration

Show participants how they can record how they feel after they have made a change in their diet, exercise, health maintenance program, exposure to light, sleep habits, and/or smoking. For instance, a person may want to notice how he or she feels after giving up eating sugar. The participant may want to chart how he or she feels for a week or perhaps longer. He or she can do this by simply writing across the top of a sheet of paper "Giving up Eating Sugar." On the next line on the left side of the paper write "How I Felt," and then below

that write "Day 1." Next to "Day 1," the participant can write how he or she felt, and then below that, "Day 2," and so on. If the person has a computer, this kind of record keeping can be done on it. At the end of 7 days (shorter or longer according to the person's choice), the participant can decide whether he or she wants to make this change based on what the participant has learned. Following is an example:

#### Giving Up Eating Sugar Demonstration

Day 1 - Felt anxious and agitated. Had lots of sugar cravings. Diverted my attention by reading, listening to music, and playing with my pets. Threw away all the food in my cupboards that contained sugar.

Day 2 - Less anxious and agitated. Slept well. Focused my attention on eating healthy foods that I really enjoy like macaroni and cheese. Increased vegetables. Still having a hard time with cravings. Feeling proud of myself for doing this.

Day 3 - Add

Day 4 - Add

Day 5 - Add

#### Problem Solving

Participants share difficulties they have experienced in making and maintaining change related to diet, exercise, light, smoking, health, and sleeping, and others give ideas on how these problems can be solved.

Often when discussing diet and the importance of wholesome foods, people say that they can afford only junk food or have a hard time affording enough food for their families. The facilitator can bring grocery store sale flyers to the meeting, information about commodity food programs and other community pantries and programs. Participants can break into small groups and use these flyers to develop affordable (they can decide what affordable means to them) menus for a week using the list on page 34 of the SAMHSA booklet SMA-3718 *Developing a Recovery and Wellness Lifestyle: A Self-Help Guide*. They can then use the menus to develop a shopping list.

People who are trying to lose or gain weight might want to set up a food journal or log that they can use at home to keep track of what they are eating.

#### Resources

Participants review resources that have been gathered as well as Internet websites on diet, exercise, light, sleeping, and smoking.

#### *What Do You Know?*

Participants brainstorm resources that are available in the community, which may help them address issues related to diet, light, exercise, sleep, and smoking. These might include:

- Smoking cessation programs,
- Walking clubs,
- Exercise classes like yoga and Tai chi,
- Dance lessons,
- Diet support groups,
- Team sports,
- Recreational programs,
- Women's health centers,
- Parks,
- Using the Internet at a public facility, or
- Online support groups.

#### *Setting Goals*

Participants divide into pairs with writing supplies or tape recorders. Each person takes 5 minutes to share any personal goals he or she may have regarding diet, exercise, light, sleep, health or smoking; records them using creative arts and expressive choices; and includes them in his or her organizational system.

#### *Developing Personal Lists*

Participants develop their list of personal wellness tools related to diet, exercise, light, sleep, and smoking for inclusion in their Wellness Toolbox. They can continue to work on this list between sessions if they choose to do so.

#### *Closing*

Ask participants to share one new thing they learned in this session. Hand out copies of SAMHSA booklet SMA 3718, *Developing a Recovery and Wellness Lifestyle: A Self-Help Guide*. Suggest they review it for more ideas on wellness tools.



## Topic 10. Relaxation, Diversion, and Fun

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### *Goal of This Session*

To explore wellness tools that are relaxing, divert attention from stress, feelings of sadness and troubling thoughts, and increase well being and life enjoyment.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Exploring Options
4. Journaling
5. Relaxation and Stress Reduction Exercises
6. Guided Imagery
7. Creating Space
8. Adding to Your Toolbox
9. Closing

### *Facilitator Preparation Tasks*

Enhance the creative arts options by adding other artistic, musical, creative, and fun activities that people can enjoy. You might want to add games, woodworking projects, cooking projects, cameras, books, building toys like Lego and blocks, puzzles, and a selection of used greeting cards.

Have available for review a selection of books, CDs, audiotapes, and DVDs on journaling, relaxation, and stress reduction techniques.

Optional: Make a relaxation and stress reduction tape or CD for each participant by slowly reading one or several of the relaxation exercises in this topic area and then making a copy for each person. Have soothing music playing in the background as you make the tapes.

Note to the facilitator: Throughout the session, write on the easel pad (easel pad note taking) wellness tools that people mention in the various activities.

### *Check-In*

Ask participants to share something enjoyable they have done recently.

(The facilitator should write the possible wellness tools on the easel pad.)

### *Introduction*

The facilitator should introduce the session by reminding the group that they are working on developing a list of wellness tools to use in developing an Action Plan for Prevention and Recovery. Remind them that they have already worked on listing their community and personal resources and tools that are related to diet, exercise, light, sleep, and smoking. In this session, they will be working on discovering their personal wellness tools that are relaxing, divert their attention, and/or are fun.

### *Exploring Options*

Each participant gets an opportunity to share in whatever way the participant chooses (for example, storytelling, creative arts and expressive options, music, movement, etc.) a time in his or her life when the participant was having a really good time. The group then discusses what the participant can do to have more of these enjoyable times in his or her life.

### *Creative Arts and Expressive Options*

Have a variety of optional activities available for participants to explore. Ask them to report back to the group, in whatever way they choose, the activities they found most interesting and enjoyable. These can include various creative arts, visual images, and different kinds of pleasant scents.

### *Brainstorming*

Ask participants to share fun and creative things they enjoy (brainstorming) and add them to the list on the easel pad. Then ask them to list things they can do to divert their attention when they are having troubling thoughts.

## *Journaling*

The facilitator should describe journaling as a free-flowing process of writing, drawing, or even cutting out words and pictures to make a collage. Many people choose to journal in a special book or notebook using special pencils or pens. However, you can journal on any piece of paper. Some people can even choose other things to journal on. A journal can also be spoken and recorded. It can include or be all photos. The journal can be used to address particular questions or issues; share an experience or feelings; and write dreams, goals, and fantasies. It can be single words, poetry, or prose. A journal is always private. The person who writes it can share it with someone else if they choose to do so, but no one should ever insist on seeing someone else's journal. The facilitator can show examples of possible journals including a traditional journal; a journal in a spiral pad; a journal that contains words, online journals, drawings, and cutouts; a collage; a tape/audio recording; photos; and other types.

### *Expressive Choices*

Participants have a set amount of time to respond to one of the journaling “prompts,” to respond to their own idea, or record how they are feeling in the moment. For example:

- The best time I ever had,
- My favorite person or people,
- What I would like my life to be like,
- The best place in the world,
- I am happiest when...
- My favorite animal story, or
- If I ruled the world, I would....

Participants share their responses with the group if they choose to do so.

### *Presentation*

Encourage participants to decide on a time each day when they take out a special notebook and write descriptions of uncomfortable feelings and negative thoughts. They can try doing this for 10 minutes each day. Sometimes paying attention to these feelings or thoughts by writing them down can increase

understanding and provide some relief. Let participants know if this activity makes them feel worse, they can decide not to do it.

## *Relaxation and Stress Reduction Exercises*

Facilitators can introduce relaxation while maintaining awareness that not everyone will be ready to participate fully by lying on the floor or closing his or her eyes. Let the group know the exercise is flexible. They can choose not to participate or they can adjust the exercise in ways that are comfortable for them.

Learning how to relax in our fast-paced society in which everyone expects us to be always working hard is not easy. Many people use relaxation and stress reduction techniques to help stay well and help themselves feel better when they are not feeling well. These exercises can be especially helpful if they are feeling anxious, agitated, irritable, or overwhelmed. Some people do them at night before they go to bed or even when they are in bed and are having difficulty sleeping.

One way to learn relaxation and stress reduction exercises is to take a stress reduction and relaxation course or class. They are often offered free at some hospitals or health care centers. Watch the newspaper for announcements. There are also many good resource books on these exercises that you can get at the library. Some of them are here for you to look at later if you want.

There are several different kinds of relaxation exercises you can try. Participation is voluntary. If you find the exercises are uncomfortable for you, don't do them. If you find that these exercises are helpful, practice them several times each day. The best time to learn them is when you are feeling OK. Then you can easily use them when you are having a more difficult time. You can do these exercises as often as you want without any ill effects, and they are free.

It helps to practice these exercises at the same time each day if you can. You may want to choose times when it is quietest in your living space. Ask others in your household to avoid disturbing you when you are practicing these exercises.

Locate a cozy, comfortable, and quiet space in your home, one where you can be away from the concerns of your life. It may be in your bedroom. Relaxing outdoors in a secluded place in the woods, in a meadow, by the ocean, or on a mountaintop is also a good idea.

You can easily do some of the following exercises or parts of these exercises when you are in a busy place with other people and you know you need to relax. For instance, if you are on a crowded street and start to feel anxious, you can stop and sit on a bench and take a few deep breaths.

### Relaxation Exercises

As a group, do one or several of the following relaxation exercises. Read the exercises with calming music playing in the background, or the participants can listen to a tape. Ask participants to notice how they feel before and after they do each of these exercises.

**Breathing Awareness** – Find a comfortable position. If you feel comfortable doing so, try lying down on the floor with your legs flat or bent at the knees, your arms at your sides, and your palms up. If you don't wish to lie down, you can do this sitting in a chair. You can close your eyes or keep them open and lower them. Breathe through your nose if you can. Focus on your breathing. Place your hand on the place that seems to rise and fall the most as you breathe. If this place is on your chest, you need to practice breathing more deeply so that your abdomen rises and falls most noticeably. When you are nervous or anxious, you tend to breathe short, shallow breaths in the upper chest. Now place both hands on your abdomen, and notice how your abdomen rises and falls with each breath. Notice whether your chest is moving in harmony with your abdomen. Continue to do this for several minutes. When you get up, be sure you do so slowly. This is something you can do during a break at school or work.

**Deep Breathing** – This exercise can be practiced in a variety of positions. However, it is most effective if you can do it lying down with your knees bent and your spine straight. Scan your body for tension. Place one hand on your abdomen

and one hand on your chest. Inhale slowly and deeply through your nose into your abdomen to push out your hand as much as feels comfortable. Your chest should move only a little in response to the movement in your abdomen. When you feel at ease with your breathing, inhale through your nose and exhale through your mouth, making a relaxing whooshing sound as you gently blow out. This will relax your mouth, tongue, and jaw. Continue taking long, slow deep breaths that raise and lower your abdomen. As you become more and more relaxed, focus on the sound and feeling of your breathing. Continue this deep breathing for 5 or 10 minutes at a time, once or twice a day. At the end of each session, scan your body for tension. As you become used to this exercise, you can practice it wherever you happen to be in a standing, sitting, or lying position. Use it whenever you feel tense.

**The Bracer** – This is a good exercise when your energy is low. It will stimulate your breathing, circulation, and nervous system. Stand up straight with your hands at your sides. Inhale and hold a deep breath. Raise your arms out in front of you, using just enough energy to keep them up and relaxed. Gradually bring your hands to your shoulders while contracting your hands into fists so that when they reach your shoulders they are clenched as tight as you can make them. Keep your fists clenched as you push your arms out straight very slowly. Pull your arms back to your shoulders, and straighten them out, fists tense, as fast as you can several times. Release your fists, and let your arms drop to your side, exhaling forcefully through your mouth. Repeat this exercise several times until you feel its purifying effects.

**The Inner Exploration** – Pick a part of your body on which to focus all of your attention. Explore that part of your body in detail with your mind. What are the sensations in this part of your body? How does it move? What does it do? Is it tense? If it is tense, practice relaxing this part of your body. You may want to choose parts of your body

that tend to be tense, such as the neck, shoulders, jaw, forehead, or lower back. Or you may choose internal areas that tend to be tense, such as the stomach or chest. Another idea is to focus on body parts that you rarely think about, such as your toes, your elbows, or behind your knees.

**Being Present in the Moment** – Most of the stress in our lives comes from thinking about the past or worrying about the future. When all of your attention is focused in the present moment or on what you are doing right now, there is no room to feel anything else. When meditating, try to focus all of your attention on what you are doing and feeling, avoid thinking about the past, the future, or any of the issues in your life. When other thoughts intrude, just turn your awareness back to the present. It is not necessary to be alone in a special place to focus all of your attention on the moment. Try doing it when you are feeling irritated waiting in a line, stopped at a street light, stuck in traffic, or feeling overwhelmed or worried. Notice how this makes you feel.

**Progressive Relaxation** – The purpose of this technique is to get you to focus on body sensations and how relaxation feels by systematically tensing and then relaxing muscle groups of your body. Make a recording of this exercise so that you can use it when needed. Be sure you leave yourself time on the recording to tense and relax your muscles.

Find a quiet space where you will not be disturbed. You can do it either lying on your back or sitting in a chair, as long as you are comfortable.

Close your eyes. Now clench your right fist as tightly as you can. Be aware of the tension as you do so. Keep it clenched for a moment. Now relax. Feel the looseness in your right hand, and compare it with the tension you felt previously. Tense your right fist again, then relax it, and again, notice the difference.

Now clench your left fist as tightly as you can. Be aware of the tension as you do so. Keep it clenched for a moment. Now relax. Feel the looseness in your left hand, and compare it with the tension

you felt previously. Tense your left fist again, relax it, and again, notice the difference.

Bend your elbows, and tense your biceps as hard as you can. Notice the feeling of tightness. Relax and straighten out your arms. Let the relaxation flow through your arms, and compare it with the tightness you felt previously. Tense and relax your biceps again.

Wrinkle your forehead as tightly as you can. Now relax it and let it smooth out. Feel your forehead and scalp becoming relaxed. Now frown, and notice the tension spreading through your forehead again. Relax and allow your forehead to become smooth.

Close your eyes now and squint them very tightly. Feel the tension. Now relax your eyes. Tense and relax your eyes again. Now let them remain gently closed.

Now clench your jaw, bite hard, and feel the tension through your jaw. Now relax your jaw. Your lips will be slightly parted. Notice the difference. Clench and relax again.

Press your tongue against the roof of your mouth. Now relax. Do this again.

Press and purse your lips. Now relax them. Repeat this.

Feel the relaxation throughout your forehead, scalp, eyes, jaw, tongue, and lips.

Hold your head back as far as it can comfortably go, and observe the tightness in the neck. Roll it to the right, and notice how the tension moves and changes. Roll your head to the left, and notice how the tension moves and changes. Now straighten your head and bring it forward, pressing your chin against your chest. Notice the tension in your throat and the back of your neck. Now relax, and allow your shoulders to return to a comfortable position. Allow yourself to feel more and more relaxed. Now shrug your shoulders, and hunch your head down between them. Relax your shoulders. Allow them to drop back, and feel the

relaxation moving through your neck, throat, and shoulders; feel the lovely, very deep relaxation.

Give your whole body a chance to relax.  
Feel how comfortable and heavy it is.

Now breathe in and fill your lungs completely. Hold your breath and notice the tension. Now let your breath out and let your chest become loose. Continue relaxing, breathing gently in and out. Repeat this breathing several times, and notice the tension draining out of your body.

Tighten your stomach and hold the tightness. Feel the tension. Now relax your stomach. Now place your hand on your stomach. Breathe deeply into your stomach, pushing your hand up. Hold for a moment and then relax. Now arch your back without straining, keeping the rest of your body as relaxed as possible. Notice the tension in your lower back. Now relax deeper and deeper.

Tighten your buttocks and thighs. Flex your thighs by pressing your heels down as hard as you can. Now relax and notice the difference. Do this again. Now curl your toes down, making your calves tense. Notice the tension. Now relax. Bend your toes toward your face, creating tension in your shins. Relax and notice the difference.

Feel the heaviness throughout your lower body as the relaxation gets deeper and deeper. Relax your feet, ankles, calves, shins, knees, thighs, and buttocks. Now let the relaxation spread to your stomach, lower back, and chest. Let go more and more. Experience deeper and deeper relaxation in your shoulders, arms, and hands; deeper and deeper. Notice the feeling of looseness and relaxation in your neck, jaws, and all of your facial muscles. Now just relax, and be aware of how your whole body feels before you return to your other activities.

### *Guided Imagery*

Guided imagery uses your imagination to direct your focus in a way that is relaxing and healing. Try the following guided imagery meditation.

Guided Imagery Meditation – Get in a very comfortable sitting or lying position. Make sure you are warm enough, but not too warm, and that you will not be interrupted by the telephone, doorbells, or other people.

Stare at a spot above your head on the ceiling. Take in a deep breath to a count of 8, hold it for a count of 4, and let it out for a count of 8. Do that 2 more times.

Now close your eyes, but keep them in the same position as they were when you were staring at the spot on the ceiling.

Breathe in to a count of 8, hold for a count of 4, and let it out for a count of 8.

Now focus on your toes. Let them completely relax. Now move the relaxation slowly up your legs, through your heels and calves to your knees. Now let the warm feeling of relaxation move up your thighs. Feel your whole lower body relaxing. Let the relaxation move very slowly through your buttocks, lower abdomen, and lower back. Now feel it moving, very slowly, up your spine and through your abdomen. Now feel the warm relaxation flowing into your chest and upper back.

Let this relaxation flow from your shoulders, down your arms, through your elbows and wrists, out through your hands and fingers. Now let the relaxation go slowly through your throat, up your neck, letting it all soften and relax. Let it now move up into your face. Feel the relaxation fill your jaw, cheek muscles, and around your eyes. Let it move up into your forehead. Now let your whole scalp relax and feel warm and comfortable. Your body is now completely relaxed with the warm feeling of relaxation filling every muscle and cell of your body.

Now picture yourself walking in the sand on the beach on a sunny day. As you stroll along, you feel the warmth of the sun on your back. You lie down on the sand. The sand cradles you and feels warm and comfortable on your back. The sun warms your body. You hear the waves crashing

against the shore in a steady rhythm. The sound of seagulls calling overhead adds to your feeling of blissful contentment.

As you lie here, you realize that you are perfectly and completely relaxed. You feel safe and at peace with the world. You know you have the power to relax yourself completely at any time you need to. You know that by completely relaxing, you are giving your body the opportunity to stabilize itself, and that when you wake up, you will feel calm, relaxed, and able to get on with your tasks for the day.

Now slowly wiggle your fingers and toes. Gradually open your eyes and resume your activities.

If possible, give people a recording of some or all of these relaxation exercises.

**Greeting Card Exercise** – Before beginning this exercise, ask participants to notice how they are feeling. Ask them to cut out a picture that pleases them from a magazine or greeting cards. Ask them to spend 5 minutes looking intently at their picture, noticing every small detail. After the time is up, ask them how they feel. Most of them will feel more relaxed after this exercise. The facilitator can time this exercise.

## Resources

Participants review the books, CDs, tapes, videos, and DVDs that the facilitator has brought to the class. Depending on interest, some participants can watch a video while others listen to music and/or read. The facilitator should give participants information on how they can access these resources (like borrow them from the library, download them, or listen online).

## *Creating Space*

In order to make the best use of these wellness tools, it helps to keep the supplies you need readily available in a convenient place like on a shelf, in a basket, or in a drawer. Ask group members to share ideas they have about places where they can keep the supplies needed for some or all of the wellness tools described in this section, and record them on a sheet of easel pad paper (easel pad note taking).

## *Adding to Your Toolbox*

Participants add to their Toolbox list any new tools they learned in today's session.

## *Closing*

Ask each participant to share the tool learned in this session that the participant thinks will be most helpful to him or her.

## Topic 11. Dealing with Troubling Thoughts, Feelings, and Experiences

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### *Goal of This Session*

To share various strategies for dealing with troubling thoughts, feelings, and experiences.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Troubling Thoughts
4. Uncovering and Analyzing Troubling Thoughts
5. Regulating Moods and Feelings
6. Developing Positive Statements to Replace the Troubling Ones
7. Information on Hearing Voices
8. Wellness Tools
9. Closing

### *Facilitator Preparation Tasks*

Make needed posters, slides, or handouts for the following topics:

- “Troubling Thoughts,”
- “Uncovering and Analyzing Troubling Thoughts,”
- “Regulating Moods and Feelings,”
- “Developing Positive Statements to Replace the Troubling Ones,” and
- “Information on Hearing Voices.”

Gather reference books and other resources on these topics for participant review.

Additional supplies for this session, if you don't already have them, include sticky notes, headphones, tapes and tape players, ear plugs, a cell phone (broken is fine), and pocket-size notebooks for each person.

### *Check-In*

Ask each participant to share something the participant has done recently that made him or her feel good. If any

possible wellness tools come up, write them on the easel pad for easel pad note taking.

### *Introduction*

The facilitator says something like this:

Today you are going to explore many ways for dealing with troubling thoughts, moods, feelings, memories and experiences, including hearing distressing voices that can make you feel much worse, lower your self-esteem, or interfere with your relationships with others. We will look at ways to feel better when you are experiencing severe anxiety or deep depressions that keep you from doing the things you want to do with your life and lead to cravings for alcohol or other substances. Some of the information and activities in this section are from the PowerPoint presentation, *Coping with Distressing Voices*, by Patricia Deegan, PhD, and they are used with her permission.

This session will uncover many wellness tools that you may want to put on your list. The easel pad is here so that you can write down the tools as they come up.

### *Troubling Thoughts*

Participants have a validating chat on what comes to mind when someone mentions troubling thoughts, feelings, moods, and experiences. The following information about troubling thoughts can be displayed on a poster and slide and reviewed. Have validating chats about each statement:

- Negative thoughts or messages are often specific messages like *I am a jerk*, or *Klutz*; and short, like *Stupid* or *Idiot*;
- You usually believe them no matter how untrue they are;
- You repeat them to yourself in your mind very quickly, without thinking. They may include words like *should*, *ought*, or *must*;
- Each person has his or her own negative thoughts;
- They are hard to turn off;
- They may be self-doubts such as, “I'm not smart enough to go to college,” “I am not creative,” “I am not likable,” “I will never hold on to a job” or “I am not good at anything”;

- They may include irrational fears of specific objects or situations that seem unreasonably frightening, like snakes, spiders, crowds, heights, airplanes, social situations, or darkness;
- They may look at one part of the situation without considering the whole situation;
- Seeing things as either one way or the other with no in-between;
- Be unable to forgive yourself for mistakes or overwhelming feelings of guilt;
- Reach a general conclusion based on just one piece of information;
- Make assumptions about how others feel without enough evidence;
- Expect the worst will happen;
- Continually compare yourself unfavorably with others;
- Feel either totally controlled by some outside force, or feel that you are personally responsible for everything;
- Think everything must be fair or equal;
- Believe everything you feel must be true;
- Assume your happiness depends on the actions of others and that if they would change, things would improve;
- Make someone else responsible for whatever is going badly;
- Operate from a rigid set of indisputable rules about how everyone should act;
- Continually need to prove that your view or action is right, even though evidence indicates that you are wrong;
- Expect never to make mistakes; always be perfect;
- Believe that everyone will betray you and no one can be trusted; and
- Think that bad things that happened in the past are happening again.

### *Uncovering and Analyzing Troubling Thoughts*

Participants work in groups of two or three or on their own making a list on a poster or slide of several of their negative thoughts using expressive choices. They can then work in small groups or as a whole group to analyze the negative thoughts by discussing the following questions relative to each negative thought:

- Are these negative thoughts really true?
- Would one nice person say this to another nice person? If not, then should you be saying it to yourself?
- Ask other people in the group that you trust. Say, “Am I really a jerk?” “Am I really a loser?” “Is it true that no one likes me?”
- Examine the words you use, like “stupid” and “idiot.” Are they really appropriate?
- What do you get out of saying this to yourself? How does it help? How does it hurt?

Often analyzing your negative thoughts in this way is all that is needed to get rid of them.

### *Regulating Moods and Feelings*

The facilitator should introduce the activity by telling the participants that they are going to work on ways to change troubling moods and emotional states by identifying things they can do that are uplifting, comforting, safe, or calming, using the following guidelines (on a poster or slide):

#### Guidelines

When listing ways to lift yourself out of a depressed mood, calm your fears, or comfort yourself when you're feeling overwhelmed with negative emotions, be as specific as you can in your descriptions. Try to use colors and smells to describe the things you list that evoke positive responses. Add as much detail as you can recall about the times and places you have felt safe and the people or activities that comfort you.



## Handout, Poster, or Slide

Ask participants to complete these statements:

1. Something that always puts me in a good mood is \_\_\_\_\_.
2. Someone who cheers me up is \_\_\_\_\_.
3. Some place that I feel safe is \_\_\_\_\_.
4. I feel peaceful when \_\_\_\_\_.
5. I am most comfortable when \_\_\_\_\_.
6. It is hard to feel sad while I am \_\_\_\_\_.
7. It is hard to stay angry when I \_\_\_\_\_.

**Validating Chat:** Ask people to break into small groups and take turns reading the statements they have completed. After everyone reads their statements, have everyone in the group take turns picking a statement they will use next time they are dealing with a difficult emotional state.

### *Developing Positive Statements to Replace the Troubling Ones*

The facilitator should introduce the activity by telling the participants that they are going to work on developing positive statements to replace the troubling ones using the following guidelines (on a poster or slide).

## Guidelines

In developing positive responses to troubling statements.

- 1 Avoid using negative terms such as *worried, frightened, upset, tired, bored, not, never, can't*. Don't make a statement like "*I am not going to worry anymore.*" Instead, say something like "*I will focus on the positive.*"
- 1 Use only positive words like *happy, peaceful, loving, enthusiastic, and warm*.
- 1 Substitute *it would be nice if* for *should*.
- 1 Always use the present tense, for example "*I am healthy,*" "*I am well,*" "*I am happy,*" "*I have a good job,*" as if the condition already exists.
- 1 Use *I, me, or your own name*.

## Poster or Slide

The following examples of possible troubling thoughts and positive responses can be presented on a poster or slide and reviewed:

Negative Thought	Positive Response
I will never feel good again.	I feel great.
I am not worth anything.	I am a valuable person.
It is not OK to make mistakes.	It is OK to make mistakes.
I want to die.	I choose life.
There is no reason for me to go on living.	There are many reasons why I should live.

## Small Groups, Creative Arts, and Expressive Choices, Movement, or Music

Participants break into smaller groups to develop positive responses to their negative thoughts. They then share them with the whole group.

## Presentation

Troubling thoughts have often become so familiar that change takes persistence, consistency, and creativity. It takes several weeks to several months of replacing the troubling thought with a positive response to effectively change it. You may want to spend some time each day, maybe right after you get up or before you go to bed, working on reinforcing your positive statements.

## Poster, Slide, or Handout

Review the following ideas. Participants will work individually to explore the possible ways they can reinforce positive responses.

### Reinforcing Positive Responses

- 1 Repeat them aloud or to yourself over and over.
- 1 Write them down over and over again—10 or 20 times.
- 1 Ask someone you trust to read your positive responses to you.
- 1 With markers or a computer, make signs that include the positive response and post them in obvious places around your home. Read them to yourself every time you see one. You can also make these signs on colored sticky notes.
- 1 Make a tape of your positive thoughts that you can listen to over and over. You might record some pleasant music in the background.
- 1 Do a relaxation exercise. At the end of the exercise, repeat one or several of your positive statements over and over.
- 1 Every time the negative thought comes up during the day, say “stop” to yourself, visualizing a big red stop sign. Then repeat your positive response several times.
- 1 Keep in mind the part of a song you can sing to redirect your thoughts.
- 1 Have a movement sequence, like throwing your hands up in the air to affirm yourself and redirect your thoughts.

## Presentation

After you feel that you have gotten several of your negative thoughts under control, you can go through these same exercises with several other negative thoughts. Or you may feel like taking a break from this work and coming back to it another time.

## Expressive Choices

People work individually on developing lists of positive things they can say to themselves. This activity can include making signs to hang in key places around their home as reminders.

## *Information on Hearing Voices*

People hear voices for many reasons, including cultural, spiritual, bereavement, flashbacks, dreams, and as a psychic experience. And people, for a reason they do not understand, sometimes hear voices that are distressing or upsetting. Many of these are healthy people who live in the community. If you hear voices, you are in good company. Many famous people, including Jesus, Joan of Arc, St. Francis of Assisi, and Carl Jung, have heard voices. Sometimes people deal with negative internal “tapes” or voices in their head that they do not hear aloud, but that can have the same type of distressing effects.

Patricia Deegan suggests the following role-plays that may be helpful to you if you hear voices that are distressing or upsetting to you and you want to learn how to cope with them, or experience internal negative chatter or self-talk that is disturbing, or use alcohol or other drugs or seek alternative ways to cope with voices or negative chatter.

Note to the facilitator: There are suggestions for activities to enhance the learning of the following techniques. However, if time is limited or the group prefers, they can divide into small groups and each group can plan and demonstrate or role-play the use of several of these techniques.

### Role-Play: Using Your Own Voice

The facilitator should have one or several people in the group role-play the following wellness tools that may be helpful when you are being troubled by hearing voices. You may also find that they are helpful when you are feeling obsessed by troubling thoughts, compulsions, self-talk or flashbacks, and having difficult feelings.

- Speaking to someone when voices start up;
- Humming or singing quietly to yourself;
- Counting under your breath;
- Repeating a mantra to yourself, such as *I am safe*, *I am okay*; or
- Reading out loud.

### Role-Play: Tuning Out the Voices

The facilitator should ask several participants to role-play the following technique. One of the participants plays the role of a person who is hearing voices. This technique can be practiced when you are not having a difficult time, so you can easily use it in difficult times:

1. The person who is having a difficult time has a conversation with another person about something he or she really enjoys.
2. Turn on the TV to a show you like, and turn up the volume. Then, at the same time, play music that you like. Make sure to turn the music up as loud as the TV.
3. As the music and TV are playing, practice tuning out this noise while you attempt to have a conversation about baseball with your friend or helper.

As you get better and better at ignoring the TV and music while talking with your friend about baseball, begin to use the same “tuning out” skills to ignore your voices, negative thinking, and uncomfortable feelings when they come up.

At the end of the role-play, the facilitator should ask the participants to clarify the key points of this technique, and have a discussion of how people feel this might work for them.

### Role-play: Challenging What the Voices, Thoughts, and/or Feelings are Trying to Tell You

Some people find it helpful to challenge or reason with their voices, troubling thoughts, and uncomfortable feelings. For instance, if your voices say that everyone can read your mind, ask people around you if they can read your mind. If they say “no,” tell your voices that. The facilitator should have one or several people role-play challenging their voices, thoughts, and/or feelings.

### Presentation and Role-Play: Communicating With Others

Talking with other people can have the effect of making voices stop, interrupting negative thinking, and helping people feel better. Talking on the telephone or writing someone an e-mail or letter can also be helpful. Try having a conversation about anything of interest to you. Don’t necessarily talk about the voices, negative thoughts, or uncomfortable feelings. Sometimes just being in the physical presence of someone you trust can be helpful. The facilitator should have one or several people role-play this technique.

### Presentation and Role-Play: Talking to Yourself

One very powerful technique is to view your voices, thoughts, or feelings as your own unconscious thoughts, wishes, or desires. Using this technique you try not to say, “My voices say I am worthless and no good.” Instead, you own the message the voices carry and say, “Today I am feeling like I am no good ... what can I do about that?” Sometimes this technique leads to rapid relief from distressing voices, obsessive thoughts, and upsetting feelings. The facilitator should have one or several people role-play this technique. Have a validating chat about using this technique.

### Presentation: Making Time for Voices

Some people have learned to accept their voices, moods, troubling thoughts, and uncomfortable feelings as a part of their lives while also trying not to let them upset or “run” their lives. Some people find that if they tell their voices, negative thoughts, self-talk and upsetting feelings that they will listen to them at a prearranged time (for instance, morning and evening for 15 minutes), then the voices are less intrusive at other

times of the day. Have a validating chat about using this technique.

#### Role-Play: Dismissing Your Voices

The facilitator should have one or several participants role-play using a loud and clear voice to tell distressing voices, troubling thoughts, and uncomfortable feelings to go away by saying things like, “Go away and leave me alone.” Emphasis can be added by foot stomping or pounding on a table. People can mentor each other as they learn not to be afraid of their voices, troubling thoughts, and uncomfortable feelings, urging them to be even more emphatic.

#### Demonstration: Experimenting With Earplugs

The facilitator should give an earplug to anyone who wants one with a copy of the following instructions, either typed or on a tape. People can experiment with this technique between sessions and decide whether or not they want to add it to their list of wellness tools.

Some people have found that using an earplug in one ear can greatly reduce or eliminate distressing voices. Each time the voices start up, put an earplug in the left ear. See what happens. Sometimes the voices stop altogether. Sometimes they stop only when you take the earplug out. Sometimes you have to try the earplug in your right ear. You will have to experiment with this technique to see what works for you. You may have to keep trying for a week or more in order to get results. The good news is that in some studies, more than half of the people who tried this got some relief, and for several people, the voices disappeared completely for several months.

#### Presentation and Easel Pad Note Taking: Listening to Headphones

Listening to talk or music through headphones can bring temporary relief from intrusive voices, troubling thoughts, moods, and uncomfortable feelings. The key to this technique is not how loud you play the music, but that you really like the music and actively listen to it. You can also try listening to a sports broadcast or radio talk show. Some people have made tapes in which they describe really happy places and events in their lives.

The facilitator should ask participants to share kinds of music, sports events, or radio talk shows that they enjoy that might work for this activity. The facilitator should list them on the easel pad, and participants can write or tape those they feel will work for them.

#### Presentation, Easel Pad Note Taking, and Expressive Choices: Distraction

As with other uncomfortable experiences, diverting your attention away from the voices, troubling thoughts, moods, and feelings and onto things outside of yourself may help you find some relief. These are activities that require your full attention. They vary from person to person, so each person has to try those activities he or she thinks might work for him or her and include those that do work in his or her Wellness Toolbox.

You can also create a change in your environment, which may help. For instance, if you are indoors, you could go outdoors or go to a different room. You could go for a ride in the car or go to a coffee shop. Participants can share ideas on how they could change their environment and the facilitator can list them on the easel pad (easel pad note taking). People can write those ideas that they think would work for them in their Wellness Toolbox.

The facilitator should ask participants to list, using expressive choices, activities that they might use to divert their attention when they are hearing voices or having a difficult time. They can review their Wellness Toolbox to see whether any of the activities they have listed might work, and add any new ideas to that list.

#### Validating Chat: Time Out

Have a validating chat about finding a balance between time away from others and time with others as a way of quieting voices and helping yourself feel better. Include any ideas in your Wellness Toolbox.

#### Presentation: Aversion Self-Therapy

Some researchers have found that if something painful or unpleasant happens each time a person hears voices, thinks a troubling thought, or experiences a difficult feeling, he or she eventually will hear voices less often, think the negative thought less frequently, or feel better.

This is definitely one of the things a person may choose to do and should never be forced to do. The most common way to do this is to put a rubber band on your wrist and snap it sharply against your skin whenever the voices, distressing feelings, or negative thoughts begin. Thinking of something unpleasant each time the voices, negative thoughts, or difficult feelings start up can have a similar effect.

#### Presentation and Demonstration: Keeping Records

Some people have found that keeping track of when, where, and the surrounding circumstances when they hear voices, have troubling thoughts, moods and/or uncomfortable feelings can actually reduce them, or help you identify situations you want to avoid or avoid at certain times. It is part of knowing yourself very well. For this technique, you will need to carry a notebook and pen with you. Each time the voices speak:

1. Write down when the voices, negative thoughts, or uncomfortable feelings started (time, date, and place).
2. Describe them in detail.
3. Record when they stopped.

For some people, just the act of writing provides relief—a wellness tool. Other wellness tools may include things like staying away from certain places and people when you are having a difficult time, and avoiding the use of certain chemicals or their fumes. By reading over your notebook, you may find certain patterns to your experiences that will guide you in developing and using wellness tools.

#### Poster or Slide, and Easel Pad Note Taking

##### Chemical Influences

The facilitator should share the following poster or slide with the group. You may find that certain chemicals like those that are listed below make you feel worse:

- Psychiatric drugs can have adverse effects and sometimes cause people to feel more depressed, increase thoughts of self-harm, or cause people to hear voices that were never there before or make existing voices worse. If this is true for you, let the

doctor who prescribed your medications know, and get the medications changed.

- Caffeine in coffee or soft drinks.
- Over-the-counter medications such as cold medicines and nasal inhalers.
- Herbal supplements or over-the-counter weight loss pills.
- Paint or chemical fumes, glue, and cleaning products.

Participants discuss circumstances when they have noticed that chemicals have made them feel worse and describe any action they have taken.

##### Alcohol, Illicit Drugs, and Misuse of Prescription Drugs

The facilitator should share the following poster or slide with the group. People in recovery from alcohol or drugs, who also have mental health issues, often say that when they first tried certain substances, they felt better or found relief from distressing thoughts, moods, and feelings. Then, eventually, the substances caused them to feel worse.

- People who have had a problem with alcohol or drugs can become sensitized to the effect of substances and may feel much worse if they use them again.
- People who have never had a problem with substances may also find that illicit drugs like marijuana, LSD, or cocaine make them feel much worse.
- Alcohol is a depressant, and can cause people with or without a drinking problem to feel worse.
- Misuse of prescription drugs, like pain killers and certain tranquilizers, can result in physical dependency and cause withdrawal symptoms that can cause people to feel extremely depressed or anxious.

Avoiding or abstaining from these substances can be a cornerstone of wellness and an important addition to your Wellness Toolbox.

Have participants discuss circumstances when they have noticed that alcohol and drug use has made them feel worse and describe any action they have taken.

### Avoiding Craving for Alcohol/Drugs

Individuals who are dependent on alcohol and drugs usually develop a physiological craving and a psychological obsession that can flare up at different times. The Action Plan can help predict situations or people that tend to trigger cravings for drugs and alcohol so people in recovery can decide to avoid or minimize their exposure and develop an action plan for when those situations occur.

#### Demonstration: Use a Cell Phone

If you experience a lot of negative self-talk that contributes to feeling low or if you have a difficult time hearing voices and it helps to “talk back” to them, you can speak into a cell phone when in public. No one but you will know that you are speaking to your voices!

#### Poster or Slide, and Easel Pad Note Taking

Review the following ideas for dealing with hearing voices, troubling thoughts, moods, and uncomfortable feelings. Some ideas include:

- Staying calm;
- Changing your attitude;
- Doing relaxation and visualization exercises;
- Yawning repeatedly or opening your mouth;
- Focusing on a single word, saying it repeatedly, either in your mind or, depending on where you are (and whether or not you have a cell phone), out loud;
- Focusing on a part of your body; or
- Taking 1 day, 1 hour, or 1 minute at a time during the difficult times.

Participants can discuss which of these ideas works well for them.

### Resources

Search the Internet for sites that address issues related to hearing voices, experiencing difficult moods, and other kinds of difficult feelings. List the wellness tools discovered in the articles. Print copies of information that people want to include in their recovery file. Locate Internet groups that people may want to join. Have available resources on the topics discussed for participant review.

#### *Wellness Tools*

Participants record the wellness information they think will be helpful to them in their list of wellness tools.

#### *Closing*

Ask each participant to share one of his or her strengths.

## Topic 12. Peer Support, Recovery Meetings, and Peer Counseling

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### *Goal of This Session*

To learn about using peer support, recovery meetings, and peer counseling as wellness tools.

### *Topic Agenda*

1. Check-In
2. Peer Support: A Working Definition
3. How Is Peer Support Different From Getting Help From Others?
4. Addiction Recovery Meetings and Groups
5. Values of Peer Support
6. Getting Support From Peers
7. Peer Support as a Wellness Tool
8. Peer Counseling
9. Closing

### *Facilitator Preparation Tasks*

Make handouts, tape recordings, and/or posters and slides for the following:

- “Peer Support: A Working Definition”
- “How Is Peer Support Different from Getting Help from Others?”
- “Addiction Recovery Meetings and Groups”
- “Values of Peer Support”
- “Peer Counseling”

Gather resource books for participant review.

### *Check-In*

Each person shares one new thing that he or she has tried since the last session.

### *Peer Support: A Working Definition*

The facilitator should read the following definition of peer support to the group. It can also be available as a handout for participants (either written or on tape).

Many of us who have spent a long time in the mental health system or have sought treatment for alcohol or other drugs have learned roles that support our “patienthood.” For instance, after we’ve been diagnosed and begun to use services, we have often felt like second-class citizens, and began to think about all aspects of our lives through the eyes of “mental patients” and “substance abusers.” We have become, in our own minds and the mind of others, just a diagnosis, or a label rather than powerful women/men, artists, writers, educators and parents. We’ve felt ostracized from the community and of little value. This kind of identity has led us to think that the rest of the community can’t understand us. This creates an “us/them” split, where we don’t feel part of the community and others don’t consider us members of the community. Recovery in Peer Support comes through seeing ourselves as human beings, the same as anyone else, rather than as mental patients or addicts. We begin to do this by practicing relationships in Peer Support in a different way. Instead of taking care of each other and thinking of each other as “sick,” in Peer Support we build a sense of family and community that is mutually responsible and focused on recovery and social action.

- Adapted from the manual *WRAP & Peer Support: Personal, Group and Program Development* (Peach Press, 2004), by Mary Ellen Copeland and Shery Mead. Used with permission.

### *Validating Chat*

Have validating chats about the following:

- Discussing the meaning of peer support
- Being a diagnosis rather than a person
- Seeing ourselves as human beings just like anyone else
- Being mutually responsible

### How Is Peer Support Different From Getting Help From Others?

Make copies of the following chart for each person, or have it posted on a slide or poster. Put two sheets of easel pad paper on the wall with “Peer Support is:” across the top of one and “Peer Support is not:” across the top of the other. Review the following lists. Ask participants to add their thoughts on what peer support is and is not to each list.

Peer Support is	Peer Support is not
Being open to new ways of thinking about our experience	An expert telling you what your experience means
Redefining help and helping	Telling someone what to do
A way of thinking about relationships and power that is mutual	Superficial power-down relationships
Considering the effects of trauma and abuse on people’s self-concept and relationships	Telling you you’re sick and socially unacceptable
Mutually supportive and mutually responsible	One way relationships where one person takes responsibility for the other
Teaching and learning from each other	Being told or learning about diagnosis and treatment
An opportunity to challenge the status quo	Protecting people from taking risks that are “too stressful”
About recovery and transformation	About stability and maintenance

- From the manual *WRAP & Peer Support: Personal, Group and Program Development* (Peach Press, 2004), by Mary Ellen Copeland and Shery Mead. Used with permission.

### Addiction Recovery Meetings and Groups

In the summer of 1935 two men who had alcohol problems started to successfully recover by applying peer support principles. They made use of a peer support concept called the “helper principle”; meaning, they devoted a lot of their time to helping others who were having similar problems. They also applied ethical principles, like a commitment to honesty, humility, and an effort to right any wrongs they had done. They made use of spiritual practices like meditation and prayer. They found, by completely abstaining from any alcohol

and drug use, that they were able to rebuild their lives. These principles became the basis of many peer addiction recovery groups.

Today, there are hundreds of meetings and groups for people recovering from drug or alcohol addiction. There are also groups that use 12-step and peer support principles to help people with a number of different issues, including Emotions Anonymous, for those overcoming emotional and psychological difficulties, and Dual Recovery Anonymous. Most of these groups are entirely peer based. Many different types of meetings and approaches are available. For example, Women for Sobriety is a unique approach that is more inclusive of women’s issues, and the Wellbreity movement deals with issues of importance to Native Americans in recovery and their communities. These groups are not helpful for everyone, but they have been tremendously helpful to many people trying to recover from addiction and or co-occurring mental health and alcohol and drug difficulties. People in co-occurring recovery have many choices in the area of peer support.

- They may attend meetings for an alcohol or drug problem,
- They may attend other recovery meetings for people with both issues, or
- They may prefer mental health peer support.

They may combine these options or may rely more on some type of support at various points during their recovery.

### Validating Chat

Have validating chats about the following:

- Discuss reasons addiction recovery meetings can be helpful,
- Discuss reasons they might not work for every one, and
- Talk about what this quote means to you: “There is no single pathway to recovery that is right for everyone.”



Below are some issues that sometimes come up for people with mental health problems who attend addiction recovery meetings or groups, and some tips on how to handle them.

Issue	TIP
People may share their negative opinions about the use of psychiatric medications.	Be selective about who you choose to talk with about a decision to use medications. Look for people who have been there, are informed, or non-judgmental about psychiatric medications.
People may offer advice or give you a list of things you have to do.	There are no requirements in these programs. People may make suggestions, but you can take or leave advice.
People may not approach you or seem friendly.	Let people know you need support, introduce yourself; tell people you are new and would like a few contacts.
People expect you to talk	You can attend speaker meetings where you just listen or say “pass” to let people know you don’t want to take a turn speaking.
People may seem impatient if you have problems staying alcohol and drug free.	Listen to people carefully when they comment or speak. Approach individuals who seem wise and compassionate.
People do not seem to understand what it is like to have mental health difficulties.	They may not; but, they may be very helpful in the area of staying clean and sober. Make sure your support system includes others who do understand.
You did not like the group you tried.	If you think addiction recovery support may be helpful, be sure and try a variety of meetings until you find one that’s a good fit. Each group is a little different.
About recovery and transformation	About stability and maintenance

Twelve-step groups are very popular, but there are also other support groups for people recovering from alcohol and drug addiction, and other places to meet people who will support your commitment to abstain from drinking and drugging. They include churches, club houses, and recovery centers and mental health peer support centers. The important thing is to make sure you have a support system for all of the issues that are important to your recovery.

## Values of Peer Support

Values are standards and beliefs that inform our assumptions, reactions, behaviors, and interactions. In recent years, as a recovery focus has come to the forefront in the behavioral health field, it has become clear that there are certain values and ethics that must guide all recovery work, especially peer support.

Poster, Slide, Handout, and/or Recording

The following values must guide all recovery work:

### Values

- Hope;
- Self-determination, personal responsibility, empowerment, and self-advocacy;
- Treatment of each other as equals with dignity, compassion, mutual respect, and unconditional high regard;
- Inclusion of all individuals; respecting the unique needs and strengths of diverse cultural groups: ethnicity, religion, race, gender, age, ability, and sexual preference;
- No limits to recovery;
- Personal choices and options, not final answers;
- Voluntary participation;
- Each person considered the expert on him or herself;
- Clinical, medical, and diagnostic language, and labeling, discouraged;
- Focus on working together to increase mutual understanding and knowledge and promoting wellness;
- Adaptability to diverse personal philosophies;
- Emphasis on strategies that are simple and safe and away from strategies that may have harmful effects;
- Normalizing responses to difficult situations; and
- Focus on strengths and away from perceived deficits.

Other values might include:

- Having empathy and accountability,
- Having fun,
- Valuing community,
- Taking care of yourself,
- Not using “symptoms” as an excuse for bad behavior,
- Learning to work through conflict,
- Giving and receiving honest feedback,
- Fostering mutual validation,
- Ensuring confidentiality, and
- Being of service.

### Role-Playing

Two volunteers from the group role-play having a conversation based on “being mental patients.” Then they role-play having a conversation based on being two people who like each other and have similar experiences. The group discusses how the conversations were different and how they made them feel.

Two participants role-play a conversation between a care provider and a person who is having a difficult time with alcohol. In the conversation, they are trying to figure out what might be helpful. Then they role-play a conversation on this topic between peers. The group discusses how the conversations were the same and how they were different. Which were most helpful?

### Storytelling, Music, or Movement

Participants share stories of how peer support has been helpful and/or share stories of times when they were with another person and it felt “mutual” using expressive choices.

### Peer Counseling, Expressive Choices, Discussion, and Validating Chats

Participants divide into pairs and choose one or two values to discuss their meaning and importance. They then share their findings with the group (expressive choices). Or the group can have a discussion or validating chats of the meaning of these values. Because the list is quite long, participants can choose the values they want to discuss.

### *Getting Support From Peers*

Research has shown that people who have the opportunity to communicate with others about things like hearing voices, anxiety, alcoholism, and depression feel less isolated and more satisfied with the quality of their lives. Hold a practice support group. Participants and facilitators sit in a circle, and everyone gets several minutes to talk about their experiences with hearing voices, troubling thoughts, moods, and other difficult experiences, and how they have dealt with these issues, or anything they would like to talk about. The group can also discuss setting up an ongoing support group to talk about these issues on a continuing basis.

### *Peer Support as a Wellness Tool*

Talking with others can make voices stop, interrupt negative thinking, quiet the obsession to use harmful substances, and help people feel better. Talking on the telephone or writing someone an e-mail or letter can also be helpful. Have a conversation about anything, not necessarily about bad or upsetting things that have happened, the obsession to drink or use drugs, voices, negative thoughts, or uncomfortable feelings. Often just being in the physical presence of a trusted person and saying anything you want to say can help.

### Small Groups and Expressive Choices

Have participants break into small groups with two or three people in each group. Discuss how peer support can be a wellness tool. Ask them to prepare a brief presentation on this topic to the rest of the group.

### *Peer Counseling*

Peer counseling is a wellness tool that is a structured form of mutual support. It is a technique that can help people express their feelings, understand the things they care about, discover some helpful action they can take, and feel better. When used consistently, it is a free, safe, and effective self-help tool that encourages expression of feelings and emotions.

In a peer counseling session, two people who like and trust each other agree to spend an agreed-upon amount of time together. Dividing the time equally, they address and pay attention to each other’s issues. For instance, if you have decided you will spend an hour

together, the first half hour is focused on one person and the second half hour on the other person.

Poster, Slide, Handout, and/or Recording

The following guidelines are essential for effective peer counseling.

### Peer Counseling Guidelines

- 1 Peer counseling is always confidential;
- 1 There is no interrupting, criticizing, or judging;
- 1 Advice is given only if the talker asks for it;
- 1 Sessions can be held in person or by telephone or even online;
- 1 Face-to-face sessions are held in a place where there will be no interruptions or distractions, and where the session cannot be heard by others;
- 1 The content of the session is determined by the person who is receiving attention—the talker. The talker can use his or her time any way he or she chooses. It may include eager talk, tears, crying, trembling, perspiration, indignant storming, laughter, reluctant talk, yawning, shaking, singing, wrestling, or punching a pillow. The talker may want to spend some time planning his or her life and goals. The only thing that is NOT OK is hurting the person who is listening or hurting yourself;
- 1 The person who is listening and paying attention needs to do only that—be an attentive, supportive listener;
- 1 In peer counseling, the expression of emotion is never seen as a symptom of anything;
- 1 At the beginning of each person's time, the person who is talking can choose to share several good things that are happening in his or her life; and
- 1 At the end of each person's time, the person who is talking can bring his or her focus back to the present by sharing something he or she is looking forward to.

### Peer Counseling Technique

Participants divide into pairs. One person gets 5 minutes to be heard, expressing thoughts any way he or she chooses while the other person pays attention. After 5 minutes, the partners switch roles. The group comes back together, and people in the group share how the peer counseling felt to them. If time permits and there is interest, people can do it again for 10 minutes each person, then 15, etc. It can take some time to get used to this technique.

### Resources

Have available for review resources on peer support and peer counseling including Internet websites, information about recovery coaching, pamphlets and schedules of local meetings, recovery centers, and domestic and sexual violence support groups.

### Closing

Each person shares something he or she is looking forward to.

## Topic 13. Health Care and Medications

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### *Goal of This Session*

To help participants learn how to get the best possible health care from their care providers, get medication management strategies they can use if medications are part of their recovery strategy, and develop wellness tools concerning health care and medication management.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Getting In Touch With Your Body
4. Taking Responsibility for Your Health Care
5. Health Care and Medication Journals
6. Setting Up a Health Care Team
7. Problem Solving
8. Working With Care Providers
9. Information for Your Care Provider
10. Choices About Medications
11. Learning About Medications
12. Medication Reminder Systems
13. Wellness Tools
14. Closing

### *Facilitator Preparation Tasks*

Make posters or slides for “Introductions,” and make copies of blank charts for “Taking Responsibility for Your Health Care” and “Medication Guidelines.”

Make copies of “Information for Your Care Provider,” “Questions to Ask the Doctor About Medication,” and “Medication Guidelines” for all participants.

Gather the following resources: several medication inserts from medications and informational sheets from pharmacists as examples, printed materials on a few medications downloaded from reliable websites, and aids for organizing and remembering to take

medications, such as different pill box styles, egg cartons, and timers.

### *Check-In*

Ask each person to share in one sentence how he or she feels.

### *Introduction*

Remind participants of the various wellness tools they have worked on including personal and community resources, diet, exercise, light, sleep, smoking, stress reduction techniques, changing negative thoughts to positive ones, peer support, and peer counseling (poster and slide). Announce that in this session, they will explore issues related to getting good health care, discovering more wellness tools, and making choices about medications (psychiatric medications and medications that are risky for people in addiction recovery).

### *Getting In Touch With Your Body*

Many people ignore their bodies. They don't notice how they feel. Sometimes they have a lot of pain and difficulty before they try to do anything about it. By that time, it may be much harder to heal. In order to achieve optimum health, people can listen to the signals their bodies give them, and they can take action early to help themselves feel better.

### *Easel Pad Note Taking*

Ask participants to share things that happen in their bodies that need to be addressed and are often ignored. Examples are fatigue, aches and pains, weight gain, being hungry all the time, or difficulty sleeping. Make a list of these things down one side of the easel pad. Participants share things they can do when they notice a change or feeling, and then write them down next to the physical occurrence.

Example	Action
Aches and pains	Take a warm bath Go to bed early Avoid strenuous exercise for a day
Fatigue	Get more sleep Take a mental health day Make sure I am eating healthy foods

## Taking Responsibility for Your Health Care

Participants discuss the issue of taking responsibility for your own health care.

### Developing Charts

Using a computer, make copies of blank charts, like the one in this exercise, for each person in the group.

Each person decides on one health issue he or she wants to focus on to discover how daily activities affect how he or she is feeling. The issue can be insomnia, anxiety, aches and pains, or lethargy.

The following example is a chart for a week, but a person can develop his or her own chart and do this kind of tracking for a shorter or longer period of time, depending on individual need.

In this insomnia tracking chart, the dates are across the top, daily activities are across the side. This chart could be scanned into a computer and made into a slide. Or it could be copied as a handout. Before working on the chart, you will find it helpful to write or express in some way how you felt before you began the charting process. Then you can refer to that statement to see how you feel after the charting and after you have made some changes in your life.

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Smoking	10 cigarettes	8 cigarettes	8 cigarettes	8 cigarettes	7 cigarettes	6 cigarettes	5 cigarettes
Caffeine	2 coffee 1 cola	1 coffee	1/2 coffee 1/2 decaf	1/2 coffee 1/2 decaf	1 cup decaf	1 cup decaf	1 cup decaf
Exercise	1/2 hour strenuous AM	Same	3/4 hour strenuous AM	Same	Same	1/2 hour strenuous AM	3-hour walk
Diet	3 healthy meals	Same	same	Same	Same except one fast food meal	3 healthy meals	3 healthy meals 1 doughnut
Social contact	2 hours friends enjoyable	1 hour friends	2 hours with friends	Argument with spouse	Resolved argument 1 hour with friends	2 hours with friends	3-hour walk with spouse
Work	None	4 hours light work	2 hours light work	4 hours light work	4 hours work	5 hours light work	Household chores
Medications	Usual	Usual	Usual	Usual	Usual	Usual	Usual
Relaxation	3-10 minute exercises	4-10 minute exercises	3-10 minute exercises	2-10 minute exercises	3-10 minute exercises	3-10 minute exercises	None
How I slept	Hard time getting to sleep	Fell asleep more quickly	A little better than last night	Hard time getting to sleep, wakeful	Slept much better	Slept soundly	Slept soundly
What I learned	Need to make some change	Need a bit more change	Try cutting out the caffeine	No caffeine and work on relationship	Caffeine and relationships important	Caffeine is key. Also good time with others.	Good relationship with spouse helps

When you have finished your chart and made some changes in your life, you may want to write another statement about how you felt after you made the changes or express this feeling in another way. Write a statement that describes the action you have decided to take. For example, “Based on what I have learned, I have decided to give up caffeine. I have also decided that I will work with my spouse on resolving issues as they come up.”

Participants work alone or in teams developing their charts. They may come up with innovative ways to do this charting using creative arts and expressive choices.

### Presentation

These charts can be very helpful in keeping track of the effects of a new medication or treatment regime. To do that, keep the charts for at least several weeks.

### Health Care and Medication Journals

Give each participant a small, spiral-bound notebook (or the participant can bring his or her own). Introduce the participants to the idea of keeping health care and medication journals as a way of recording information that may be important in future decision making and in tracking progress. This journaling can be done daily or intermittently, depending on need. Ask participants to share ideas of what they can include in their health care and medication journals.

Take a break so that participants can personalize their notebook and begin writing some notes (creative arts and expressive choices).

### Setting Up a Health Care Team

Ask group members to share the kinds of care providers they would like to have on their team. This step can include defining what each kind of care provider does.

For instance, the list could look as follows:

Care provider	Area of expertise
Psychiatric Nurse Practitioner	Psychiatric medications
Psychiatrist	Mental health
Naturopath	Alternative health care options
Addiction Counselor	Problem Solving
Alcohol and drug recovery	

### Problem Solving

Participants share problems and solutions with getting care providers who meet their needs.

### Working With Care Providers

Participants role-play the following scenarios:

- Convincing their doctor to give them a thyroid test,
- Asking a doctor to address weight gain issues related to medications,
- Asking a care provider to reduce or change medications because of intolerable side effects,
- Telling their care providers that they want to be an equal partner in all of their planning and that they must be the “bottom line” in all decision making,
- Telling a care provider that they appreciate their care and concern, and
- Informing a care provider that they are in addiction recovery and need information about each medication’s potential for dependency or abuse.

### Easel Pad Note Taking

Hang two sheets of easel pad paper on the wall. The heading on one sheet is “What I want from my care provider,” and the heading on the other is “What I don’t want from my care provider.” Participants share ideas for each list. These lists can be entered on a computer and given as a handout and/or tape recorded.

I want from my care provider	I don’t want from my care provider
Information	Scolding Trust
	Judgments
Sees me as the expert	Does not listen
Informed about medications	Does not understand addiction

### Information for Your Care Provider

The facilitator should describe compiling information to take with you when you visit care providers that can help them to see “the whole picture” and be most helpful to you. Develop a new one for each visit based on information on the sheet from the last visit. Keep copies of these in your recovery organizing system.

## Information for Your Care Provider

1. All medications, vitamins, and health care preparations you are using for any reason.

Medication	Dosage	When and How Used

2. A medical history of yourself and your family including major illnesses, drug or alcohol use history, and surgeries:

Your history

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Mother's side of the family

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Father's side of the family

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## Information for Your Care Provider

### Alcohol and Drug History

Drugs I have used without a prescription:

current \_\_\_\_\_

past \_\_\_\_\_

Drugs I abstain from or avoid: \_\_\_\_\_

\_\_\_\_\_

Number of drinks of alcohol per week:

current \_\_\_\_\_

past \_\_\_\_\_

### 3. Describe changes in:

appetite or diet \_\_\_\_\_

\_\_\_\_\_

weight \_\_\_\_\_

\_\_\_\_\_

sleep \_\_\_\_\_

\_\_\_\_\_

sexual interest \_\_\_\_\_

\_\_\_\_\_

ability to concentrate \_\_\_\_\_

\_\_\_\_\_

memory \_\_\_\_\_

Have you recently had:

\_\_\_ headaches

\_\_\_ numbness or tingling anywhere

\_\_\_ loss of balance

\_\_\_ double vision or vision problems

\_\_\_ periods of amnesia

\_\_\_ coordination changes

\_\_\_ weakness in arms or legs

\_\_\_ fever

\_\_\_ nausea or diarrhea

\_\_\_ fainting or dizziness (describe)

\_\_\_ stressful life events

\_\_\_ other gastrointestinal problems

\_\_\_ seizures

Use the space below to describe any of the physical problems you checked off on the list above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tests I want or need:

\_\_\_ Pap smear

\_\_\_ thyroid

\_\_\_ mammogram

\_\_\_ diabetes

\_\_\_ bone density scan

\_\_\_ cholesterol

\_\_\_ HIV

\_\_\_ Hepatitis B or C

Other: \_\_\_\_\_

If you are not sure about which test you need, ask your doctor.

Add additional sheets for other pertinent information. Have a physical examination at least once a year and more often if you are not feeling well.



Note to the facilitator: Without health insurance, it can be difficult to access health care; there are resource organizations that help people find community clinics and apply for health coverage. Make a list of those resources in the area and post them for the group.

### *Choices About Medications*

Participants discuss 1) how they feel about using medications as a wellness tool or as part of their treatment strategy, and 2) how they feel about the side effects and health risks of medications.

#### Expressive Choices

Give each person 10 minutes to think about how they feel about medications. They can share their thoughts with the group.

#### Presentation

Medications are powerful chemical substances that need to be managed carefully with the assistance of a person who is an expert, like a psychiatrist, psychopharmacologist, or pharmacist. Medications also carry side effects and health risks. It is important to consider the pros and cons of any medication and make sure that all your questions and concerns are addressed. Decisions about medications are personal choices and should rest with you and no one else. Your provider can work with you on finding the lowest effective dose; monitor any health conditions that could be aggravated by the medication, and ensure that you continue to feel that the benefits you derive outweigh the risks. Read through the following guidelines (put them on a slide, paper, or tape handout). Allow time for discussion and questions after each item.

#### Guidelines

- Take medications only on the recommendation of a trusted health care provider;
- Know the possible side effects and health risks, and if they occur, report them to your provider;
- Use medications only as prescribed by a trusted provider;
- Know the potential for abuse or dependency;

- If you are in addiction recovery, remind your provider and ask how the medication has affected those with a similar history;
- Work closely with a competent pharmacist who knows you well;
- Use a simple system to ensure regular use of medication and report lapses;
- Talk about any misuse of medication with a trusted support person or counselor;
- Insist on regular blood testing and monitoring of any health conditions that could be affected;
- Pay close attention to lifestyle issues such as diet, exercise, light, rest, and stress;
- Even if you have never had a problem, avoid using alcohol or illegal drugs when taking medications;
- Understand drug interactions, the protocol for discontinuing the medication, and the effects of long term use of a medication; and
- Make sure to ask if you have all the information about alternative treatment options before making a decision.

### *Learning About Medications*

Participants work in small groups reviewing resources on medications and/or looking them up on the Internet and exploring SAMHSA resources for making decisions about medications and drug labels, consumer information sheets, and package inserts:

- [Shared Decision Making site](#)
- [The Food and Drug Administration](#)

#### Handout

Participants receive copies of the following handout, which will guide them through the process of learning about a suggested medication and making medication decisions. Have tapes of this handout available for people with special needs. Advise them that they can make more copies for different medications. Copies can be kept in recovery files for easy reference along with other information on medications.

# Questions to Ask the Doctor About Medication

Generic name

Product name

Product category

Suggested dosage level

How does this medication work? \_\_\_\_\_

What do you expect it to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long will it take to achieve that result?

\_\_\_\_\_

What are the risks associated with taking this medication?

\_\_\_\_\_

\_\_\_\_\_

What is the risk of dependency and potential for abuse?

\_\_\_\_\_

\_\_\_\_\_

What are the precautions for prescribing it to people with substance abuse histories?

\_\_\_\_\_

\_\_\_\_\_

What kind of an effectiveness track record does this medication have?

\_\_\_\_\_

\_\_\_\_\_

How does this medication affect your liver, heart, and kidneys, and what health problems can it cause?

\_\_\_\_\_

\_\_\_\_\_

What are the short-term side effects of the medication?

\_\_\_\_\_

\_\_\_\_\_

What are the long-term side effects of this medication?

\_\_\_\_\_

\_\_\_\_\_

What can be done to minimize the chances of experiencing these side effects or health problems?

\_\_\_\_\_

\_\_\_\_\_

Are there any dietary or lifestyle suggestions or restrictions when using this medication?

\_\_\_\_\_

\_\_\_\_\_

Are there any concerns with this medication if you become pregnant or are nursing?

\_\_\_\_\_

\_\_\_\_\_

Why do you recommend this particular medication?

\_\_\_\_\_

\_\_\_\_\_

How have other patients done that have used it?

\_\_\_\_\_

\_\_\_\_\_

How is this medication monitored?

\_\_\_\_\_

\_\_\_\_\_

What tests will I need before taking this medication?

\_\_\_\_\_

\_\_\_\_\_

How often will I need these tests while taking the medication?

\_\_\_\_\_

\_\_\_\_\_

What signs indicate that the dosage should be changed or the medication stopped?

\_\_\_\_\_

\_\_\_\_\_

Where can I get more information about this medication?

\_\_\_\_\_

\_\_\_\_\_

## *Medication Reminder Systems*

### **Demonstration**

Ask participants to share and demonstrate medication reminder systems they have used.

Show participants the options for keeping track of medications such as:

- Various pill boxes and containers
- Computer reminder systems like Outlook  
Yahoo and iCal
- Medication checklists

### *Wellness Tools*

Write “Wellness Tools” across the top of a sheet of easel pad paper. Participants will share the wellness tools from this session. They might include: write in my medication diary, contact my health care provider, get a thyroid test, get tested for hepatitis, use my tracking chart, ask for what I need, and avoid alcohol. Participants can then record the shared wellness tools on their own lists.

### *Closing*

Ask each participant to share one thing he or she is looking forward to.

## Topic 14. Finalizing Your List of Wellness Tools

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### *Goal of This Session*

To explore possible wellness tools related to spirituality and alternative healing practices, and to refine participants' Wellness Toolbox in anticipation of developing an Action Plan for Prevention and Recovery.

### *Topic Agenda*

1. Check-In
2. Spirituality
3. Complementary (Alternative) Recovery Options
4. Exploring Additional Wellness Tools
5. Controversial Wellness Tools
6. Refining Your Wellness Toolbox
7. Closing

### *Facilitator Preparation Tasks*

Update the resource binder to include local spiritual and alternative healing resources (refer to “Planning, Facilitation, and Participant Responsibility” in the Curriculum Implementation section of this manual).

Gather things that have various smells for the exposure to smells activity.

Gather suggested resources for participant review.

### *Check-In*

Participants share something they did recently to stay well.

### *Spirituality*

Participants take turns sharing their own stories of how spiritual practices have affected their recovery. If the group chooses to do so, they can take extra time and prepare presentations on spirituality using expressive choices. Several people can choose to work together on their presentation.

### *Easel Pad Note Taking*

Participants share the spiritual practices that have been helpful to them, or that they plan to try. This list might include prayer, meditation, working the 12-steps, study, worship, being in nature, and other spiritual practices.

### *Complementary (Alternative) Recovery Options*

In small groups, ask participants to share a word that comes to mind when they think of complementary, non-traditional, or alternative recovery options. They can develop their words into a short story that they can share with the group using expressive choices.

### *Brainstorming and Easel Pad Note Taking*

Ask participants to share complementary or alternative recovery options such as massage, homeopathy, naturopathy, food supplements, acupuncture, and aromatherapy. When participants have completed the list, ask participants who have had experience with these options to share their experiences. They can use expressive choices to do this.

### *Presentation from the Community*

Ask community members who have expertise in any of these fields to come to the session, give a brief talk, and answer questions. Focus on those options that are likely to be available to people and would be least expensive.

### *Exploring Additional Wellness Tools*

Aromatherapy – Have various scents available for people to smell, and note how the aroma makes them feel. Participants can have a validating chat about how different scents affect them. They can add exposure to particular smells and avoidance of others to their list of wellness tools.

Visual Response – Have a validating chat about things and colors you enjoy. Participants share ways they can increase their exposure to things they like to see and how this can be used as a wellness tool.

Listening to Music – Ask each person to give a 5-minute presentation to the group sharing how music makes them feel, what kinds of music they most enjoy, and how they use music as a wellness tool.

**Making Music** – Ask students to share any experience they have had making music and how it makes them feel. If anyone in the group plays an instrument and would be willing to play for the group, arrange this ahead of time. Have various instruments available for people to use to make music. They can prepare a presentation for the group that expresses an emotion. Have the group guess what the emotion is. Or they can accompany a song on a CD with rhythm instruments.

**Singing** – Ask the participants to share stories about using singing as a wellness tool. If the group is interested, sing together several songs that make people feel good. You might have a CD of songs that people might enjoy singing together.

### *Controversial Wellness Tools*

You may have some wellness tools that you use to help yourself feel better—tools that others may feel are harmful. You may agree they are not the best coping tools and you want better tools but feel this is not the time. Or you may not be considering giving them up. They may include things like smoking or eating junk food, sleeping all day or staying inside for days at a time, and other things you use to get through difficult times. Your Wellness Toolbox is your own personal list, and you can put anything on the list you want. You also may be thinking of using your Action Plan for Prevention and Recovery to resolve these issues in your life.

### **Peer Counseling**

People choose another participant and have a peer counseling session (at least 10 minutes for each person) focused on their use of controversial wellness tools, how they began to use them, how they use them now, why they use them, and how they plan to use them in the future.

### **Resources**

Participants review various resources that have to do with spirituality, complementary therapies, and any other topics that are of interest to the group. They can also look up areas of interest on the Internet and make copies of pertinent articles for their records.

### *Refining Your Wellness Toolbox*

Each person reviews his or her Wellness Toolbox and then comes back to the group to have a validating chat about how the person feels about the work he or she has done, those tools the person thinks will be most useful to him or her, and those he or she has not used but wants to try. Additions and revisions to the Toolbox can be made at this time.

### *Closing*

Remind participants that the next few sessions will be focused on developing an Action Plan for Prevention and Recovery and advance directives. Tell people that they can bring a personal photograph of when they are feeling well to the next session if they choose to do so.

Ask each participant to share the most successful wellness tool he or she has ever used.

## Topic 15. Developing an Action Plan for Prevention and Recovery

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### *Goal of This Session*

To use the Wellness Toolbox to begin developing a personal Action Plan for Prevention and Recovery.

### *Topic Agenda*

1. Check-In
2. Introduction
3. What I Am Like When I Am Well
4. Goals and Dreams
5. What I Need to Do Every Day
6. Things I Might Need to Do
7. Plans for the Next Session
8. Closing

### *Facilitator Preparation Tasks*

If participants don't already have them, provide options of binders, other kinds of notebooks, small boxes, file folders, sets of tabs, labels, marking pens, and other supplies to use to keep plans organized.

Make needed posters, slides, tapes, and/or handouts for the "Introduction."

### *Check-In*

Ask each participant to share a wellness tool he or she has used since the last session.

### *Introduction*

Today you are going to discuss the Action Plan for Prevention and Recovery and begin using your Wellness Toolbox to develop the first section of the plan, Daily Maintenance. The parts of the plan you will be working on are (make the following into a poster to display at all Action Plan for Prevention and Recovery sessions):

### Action Plan for Prevention and Recovery

- 1 Daily Maintenance
- 1 Identifying Triggers and an Action Plan
- 1 Identifying Early Warning Signs and an Action Plan
- 1 Signs That Things Are Breaking Down and an Action Plan
- 1 Relapse Prevention and Addiction Recovery
- 1 Crisis Planning
- 1 Post-Crisis Planning

You will be learning more about these plans as you go along. If you choose to do so, you can read about them in your booklet, *Action Plans for Prevention and Recovery*.

### Poster, Slide, Handout, and Validating Chat

The facilitator or a volunteer should read the following poster to the group. Have a validating chat about what these points mean and why they are important.

### Guidelines for the Action Plan for Prevention and Recovery

There is only one person who can write your Action Plan for Prevention and Recovery—YOU. You, and only you, decide:

- 1 Whether you want to write one;
- 1 How much time it takes you to do it;
- 1 When you want to do it;
- 1 What you want and don't want in it;
- 1 Which parts you want to do;
- 1 Who you want, if anyone, to help you with it;
- 1 How you use it;
- 1 Who you show it to;
- 1 Where you keep it;
- 1 Who, if anyone, has copies of your crisis plan? and
- 1 When and how you change or revise it.

## Role-Play

Several volunteers role-play handling a situation in which another person is:

- Telling them what to include in their plan,
- Suggesting something to take out of their plan,
- Telling them to get their plan done more quickly, and
- Advising them to put more things to do on a list.

## Organizing

You will need a way to keep your plans organized. A binder with binder paper and five tabs is one good option. If you use a binder, you can keep your list of wellness tools in the front pocket. You can use another kind of notebook if you prefer. If you are going to tape record your plan, you can label each tape and keep them in a small box near your tape player. You can also keep your plans on sheets of paper in an expandable file or in a file box. You may want to develop your plan on a computer.

People choose how they want to organize their Action Plan for Prevention and Recovery and do any setup work they need to do. Let them know that they can change their mind and organize their plan in a different way at any time.

## Presentation

Today you are going to work on the first section of your Action Plan for Prevention and Recovery, the Daily Maintenance Plan. It includes four sections:

- What I am like when I am well,
- Goals and dreams,
- What I need to do every day, and
- Things I might need to do.

If you are using a binder, you can write “Daily Maintenance” on your first tab. You can label file folders, computer folders, and tapes in the same way.

## *What I Am Like When I Am Well*

The first page or part of the plan is a description of what you are like when you are well. First you are going to do a visualization exercise that may help you to think about this. Then you can use expressive choices to include in your plan what you are like when you are well.

## Visualization

Put on some peaceful background music or nature sounds. Ask participants to take part in the following exercise to whatever degree they feel comfortable.

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now remember a time when you felt great (long pause). Feel what that was like (long pause). What words describe how you feel (long pause)? How did you look (long pause)? What were you doing (long pause)? Bring your attention back to the room.*

Use expressive choices to describe what you are like when you are well. This description can include a photograph of yourself when you were feeling well, a written account, and a list of words, poetry, a collage, or a drawing. It might include a description of what it is like to be sober and abstinent from addictive substances or compulsive behaviors. Share what you have developed with the group.

Keep this description at the beginning of your plan for easy reference when it is hard to remember what it is like to feel well.

### *Goals and Dreams*

The next part of the Daily Maintenance Plan is goals and dreams. Participants divide into pairs. People take turns having 5 minutes each to describe their goals and dreams. Then the two people work together to write or express these goals or dreams in some way so that they can be included in the plan. Each person shares his or her goals and dreams with the group.

### *What I Need to Do Every Day*

Many people find that this is the most important part of their plan—that if they did certain things every day they would feel quite well. This list needs to be manageable, given other responsibilities like work and child care. It can be very short—one or two things, like brushing your teeth—or longer. It may include the things you do to maintain your alcohol and drug recovery, if you are in co-occurring recovery.

### Validating Chat

Have a validating chat about the concept of a plan of things to do each day to stay as well as possible.

### Reflection

Participants take 10 minutes to review their list of wellness tools and note any that they think they should do every day to stay as well as possible.

### Support Group

Each person takes a turn describing to the group what he or she needs to do every day to stay as well as possible using expressive choices.

### Expressive Choices

Participants write or develop their list in a way that feels right to them. They may want to make several copies of this list to post in convenient places, like on their refrigerator door, as a reminder.

### *Things I Might Need to Do*

There are many things that people don't need to do every day, but if they need to do them and don't, it can make life more stressful. For instance, a person doesn't need to pay their bills every day, but if they don't do it when they need to, they may be hearing from the bill collectors. If you are on probation, you may not need to report to your probation officer every day, but if you do not do so at the appointed time, it can cause a lot of problems.

### Validating Chat

Participants discuss the value of having a list of things they might need to do.

Participants discuss the things they might need to do on any given day.

### Easel Pad Note Taking

Participants share ideas of things they might need to do like paying bills, buying groceries, going to a meeting or support group, cleaning their house, calling someone, or writing a letter.

### Expressive Choices

Participants write or express in some way those ideas they want to include in their plan, adding others that they can think of.

### Organizing

If they have not already done so, participants insert lists or information in the Daily Maintenance section of their binder or organizational system that describe:

- What they are like when they are well,
- Their goals and dreams,
- Things they need to do every day to stay as well as possible, and
- Things they might need to do on certain days.



## Small Groups

Participants break into small groups. Each group discusses one or two of the following statements about why the Action Plan for Prevention and Recovery works. Then they share what they have discussed with the group.

### Action Plan for Prevention and Recovery

- 1 Is easy to develop and easy to use;
- 1 Is individualized. (You develop your plan for yourself. No one else can do it for you. However, you can reach out to others for assistance and support.);
- 1 Improves your ability to communicate effectively with your family members and health care providers;
- 1 Directly addresses the feelings, behaviors, and circumstances most troubling to you with action plans; and
- 1 Renews your sense of hope that things can and will get better, and that you have control over your life and the way you feel.

Ask participants to share other reasons they think the Action Plan for Prevention and Recovery might work (easel pad note taking).

### *Plans for the Next Session*

You have now completed the Daily Maintenance section of your Action Plan for Prevention and Recovery, including 1) what I am like when I am well, 2) goals and dreams, 3) what I need to do every day to stay well, and 4) things I might need to do. At the next session, you will be working on the next four sections of the Action Plan for Prevention and Recovery:

- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan
- Relapse Prevention and Addiction Recovery
- Signs That Things Are Breaking Down and an Action Plan

### *Closing*

Ask participants to share one thing he or she is looking forward to.

## Topic 16. Action Planning—Triggers, Early Warning Signs, and Difficult Times

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### *Goal of This Session*

To identify triggers, early warning signs, and signs that things have gotten much worse and, using your Wellness Toolbox, develop action plans that will help you feel better.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Triggers
4. Triggers Action Plan
5. Early Warning Signs
6. Early Warning Signs Action Plan
7. When Things Are Getting Worse
8. When Things Are Getting Worse Action Plan
9. Closing

### *Facilitator Preparation Tasks*

Make available the poster from the last session, “Guidelines for the Action Plan for Prevention and Recovery.”

Have three sheets of easel pad paper hanging on the wall. At the top of one sheet, write “Things to do when I am having a very difficult time.” At the top of the other sheet write “Things to avoid doing when I am having a very difficult time,” and on the third write “Things I can do before I pick up....”

Gather supplies, such as tapes and tape players, for use as expressive choices for this session.

### *Check-In*

Each person shares something he or she did since the last session that he or she enjoyed.

### *Introduction*

In the last session, you developed the first part of your Action Plan for Prevention and Recovery—Daily Maintenance. This part included what you are like when you are well, your goals and dreams, what you need to do for yourself each day, and things you might need to do. In this session, you are going to work on four sections: triggers, early warning signs, when you are feeling much worse, and things you can do before picking up a drink or drug or something that is unsafe. Review the poster from the last session, “Guidelines for the Action Plan for Prevention and Recovery,” before you begin.

### *Triggers*

Triggers are events or circumstances that, if they happen, may make you feel very upset. Reacting to these triggers is normal, but if you don’t recognize them and respond to them, you may start to feel worse and worse. In this section of your plan, you will identify some of the things that are upsetting to you and develop plans to avoid or deal with these triggers. If you are in co-occurring recovery and tend to want to use alcohol or drugs under certain upsetting or stressful circumstances, you want to identify shared triggers. Shared triggers are those things that both upset your emotional balance and result in thoughts, cravings, and compulsions to use alcohol or drugs, even though you have decided to avoid or abstain from them.

Most people list those things that might or do happen often and don’t list major catastrophes like war, natural disaster, or a huge personal loss. If those things were to occur, you can use the actions you describe in the Triggers Action Plan more often and increase the length of time you use them. You can also review your list of wellness tools and do more of them at this time. Many people have more difficulty managing the everyday stressors than they do with catastrophic events.

Label the next section of your plan *Triggers*.

### *Validating Chat*

Have a validating chat about what people think of when they think of triggers, and how they have dealt with them in the past.

## Easel pad note taking

Participants share possible triggers. Some common triggers are:

- Anniversary dates of losses or trauma;
- Being exposed to frightening news events;
- Feeling that there is too much to do; feeling overwhelmed.
- Experiencing family friction;
- Spending time with people that you used to drink or use with;
- Having a relationship end;
- Spending too much time alone;
- Being judged, criticized, teased, or put down;
- Having financial problems, getting a big bill;
- Having physical illness;
- Being sexual harassed;
- Being yelled at;
- Dealing with authority figures or confinement;
- Being exposed to aggressive-sounding noises or to anything that makes you feel uncomfortable;
- Being around someone who has treated you badly;
- Experiencing certain smells, tastes, or noises;
- Experiencing discrimination or racism; and
- Exposure to violence or images of violence.

## Expressive Choices

Using the group's list for ideas, participants make a list of their personal triggers and put it in their organizing system.

### *Triggers Action Plan*

Participants can choose to work individually, in pairs, or in small groups, reviewing their Wellness Toolbox. Using expressive choices, they list those wellness tools they think would be most helpful if something is having a triggering effect. They can include those tools that have worked for them in the past, plus ideas they have learned from others. They may want to include some things they *must do* at these times, and other

things they can do if they have time or if they think they might be helpful in this situation. They may want to include some tools that they can use “discreetly” when in public—like when they are riding on a bus or in a restaurant and something upsetting happens (someone is rude, they see a bad accident, etc.).

Following is a sample plan:

- Call a friend and ask him or her to listen while I talk through the situation,
- Complete a 10-minute relaxation exercise,
- Take a few deep breaths,
- Eat something healthy,
- Remind myself that I can take care of myself,
- Write in my journal for 10 minutes,
- Get to a meeting,
- Ride my stationary bicycle for 20 minutes, or
- Pray.

## Role-Plays

Volunteers role-play the following situations:

- Experiencing a person being very critical of them,
- Seeing a person treating another person badly,
- Hearing a noise that reminds him or her of a very bad time, and
- Smelling alcohol on a friend.

## Problem Solving

Participants share triggers that have been difficult for them. Others give ideas on wellness tools that might be helpful.

## Storytelling and Expressive Choices

Participants tell stories of times when they were triggered, how they took care of themselves, and how they responded in ways that made them feel better. Those in co-occurring recovery may want to share times they had an obsession to return to drinking or drug use, but overcame that compulsion and remained clean and sober.

## *Early Warning Signs*

Early warning signs are internal, and may or may not arise in reaction to stressful situations. These are subtle signs of change that are often hard to detect and often overlooked. They are those times when you know you are not feeling quite right. You may realize that this was how you felt just before you had a hard time in the past or just before you went on a drinking binge, or a time when you noticed that your habits or routines changed. If you teach yourself to recognize these signs and take some action before they get worse, you can often prevent more serious difficulties. Label the next section of your organizing system *Early Warning Signs*.

### Validating Chat

Discuss early warning signs and people's experience with early warning signs.

### Easel Pad Note Taking

Participants share early warning signs they can think of. They might include:

- Feeling anxiety,
- Being nervous,
- Being forgetful,
- Negative self-talk increases,
- Daydreaming about getting high or drunk,
- Having an inability to experience pleasure,
- Having a lack of motivation,
- Feeling slowed down or speeded up,
- Not sleeping,
- Being uncaring and self-centered,
- Avoiding or isolating others,
- Losing a sense of gratitude for the good things in your life,
- Being obsessed with something that doesn't really matter,
- Experiencing the beginning of irrational thought patterns,
- Feeling unconnected to your body,
- Seeing someone that has been abusive in the past,

- Becoming more irritable,
- Becoming more negative,
- Not keeping appointments or commitments,
- Hanging around with people who tend to have an unhealthy influence on you,
- Experiencing changes in appetite,
- Feeling restless, or
- Feeling hopeless or like nothing matters.

### Expressive Choices

Participants make a list of their early warning signs, get ideas from the group list, and put their own list in their organizing system.

### *Early Warning Signs Action Plan*

Participants can choose to work individually, in pairs, or in small groups, reviewing their Wellness Toolbox. Using expressive choices, they can list those wellness tools they think would be most helpful if they noticed early warning signs.

Following is a sample plan for dealing with early warning signs:

- Do the things on my daily maintenance plan whether I feel like it or not.
- Congratulate myself for doing them even though I don't feel like it.
- Tell a friend how I am feeling and ask for his or her advice.
- Peer counsel at least once each day.
- Consciously use positive self-talk.
- Attend a peer support or 12-step group.
- Volunteer or be of service.
- Do at least three 10-minute relaxation exercises each day.
- Make three phone calls to support people.
- Remind myself that this feeling will pass.
- Write in my journal for at least 15 minutes each day.
- Spend at least 1 hour involved in an activity that I enjoy each day.

- Ask others to take over my household responsibilities for the day.
- Avoid caffeine and sugar.
- Make a gratitude list.

### Role-Plays

Volunteers role-play the following situations:

- Calling a friend and telling him or her that you are having early signs; ask for your friend's advice;
- Making a plan for the day when you are having early warning signs;
- Doing a peer counseling exercise when you are having early warning signs; and
- Telling someone that you have been thinking about getting drunk or high.

### Problem Solving

Participants share early signs that have been difficult for them. Others give ideas on wellness tools that might be helpful.

### Storytelling and Expressive Choices

Participants tell stories of times when they had early warning signs, how they took care of themselves, and how they responded in ways that made them feel better.

### Expressive Choices

Participants develop an action plan they will use if they experience early warning signs.

### *When Things Are Getting Worse*

Emphasize that this is a very important part of the plan. It challenges people to do things in ways that are different from how they have responded in the past. People often feel that when they are having the most difficult time, there is little they can do to help themselves. However, many people have found that there *are* many things they can do to help themselves, even when they are feeling very badly.

There are actions that can often help you feel much better. It can even help you avoid a crisis, an alcohol/drug relapse, or a time when you need others to take over for you. You may be feeling terrible or others may

be concerned for your wellness or safety, but you can still do the things for yourself that you need to do to help yourself feel better and keep yourself safe. In these hard times, it may be necessary to take immediate action to prevent a crisis. Using these tools can also reduce the impact or consequences of a crisis and help you quickly regain your recovery path.

Label the next section of your plan *When Things Have Gotten Much Worse*, or describe it in some way that feels right to you.

### Easel Pad Note Taking

Participants share signs that indicate they have gotten much worse. These signs vary from person to person. What may mean “things are getting much worse” to one person may mean a “crisis” to another, and may be an early warning sign for someone else. Some of these signs might include:

- Feeling very oversensitive and fragile,
- Crying all the time,
- Having atypical responses to events and the actions of others,
- Feeling very needy,
- Seeking out places where alcohol is sold,
- Being unable to sleep,
- Sleeping all the time,
- Misusing prescription medications,
- Avoiding eating,
- Wanting to be totally alone,
- Taking out anger on others,
- Chain smoking,
- Calling in sick to work, cancelling fun activities and commitments,
- Eating too much,
- Buying alcohol or drugs, or
- Self-harming.

### Expressive Choices

Participants make a list of signs that tell them they are feeling much worse and put it in their organizing system.

### *When Things Are Getting Worse Action Plan*

Have two sheets of easel pad paper hanging on a wall. At the top of one sheet write “Things to do when I am having a very difficult time.” At the top of the other sheet write “Things to avoid doing when I am having a very difficult time.” People in the group share possibilities for each list. People copy those ideas they want to include in their Wellness Toolbox.

#### Reflection

Participants can choose to work individually, in pairs, or in small groups to review their Wellness Toolbox and list, use expressive choices, and those wellness tools they think will help them feel better if they are feeling much worse. *The plan now needs to be very directive, with fewer choices and very clear instructions.*

Some ideas for an action plan include:

- Talk to my supporters.
- Ask someone to check in with me frequently.
- Arrange for someone to stay with me until I feel better.
- Make arrangements so that I can get help right away if I am feeling worse.
- Call someone and ask him or her to bring me to a meeting or support group.
- Make sure I am doing everything on my daily checklist.
- Arrange to take at least 3 days off from any responsibilities to focus on recovery activities.
- Have at least two peer counseling sessions.
- Avoid specific people who tend to trigger me further.
- Do three deep-breathing relaxation exercises.
- Write in my journal for at least a half hour.
- Read my list of strengths out loud every day.

#### Role-Plays

Volunteers role-play the following situations and others that participants share:

- Telling a friend that you are feeling very badly and asking for specific help,
- Arranging for someone to stay with you until you feel better, and
- Arranging to take time off from your responsibilities.

#### Problem Solving

Participants share situations when they have been feeling very badly, which have been difficult for them. Others give ideas on wellness tools that might be helpful.

#### Storytelling and Expressive Choices

Participants tell stories of times when they were feeling badly, how they took care of themselves, and how they responded in ways that made them feel better.

#### Expressive Choices

Participants develop an action plan they will use when they are feeling very badly.

#### Presentation

Remind participants that as they work with these plans in their daily lives, they can make note of those things that work very well, as well as those that are less helpful or not at all helpful. Using their Wellness Toolbox, they can then revise the plan or develop a new one at any time. In addition, they can always be looking for new tools to add to the Toolbox and the plans.

Label the next section of your plan “*Things I can do before I pick up...*”

### Easel pad note taking

Tear off a piece of note paper and hang it on the wall.  
Write across the top:

*Before I pick up...*

Let participants know that if they are in co-occurring recovery and their commitment to abstinence is an important part of their health, having a plan of action when something happens that makes them want to pick up a drink or drug can help preserve their recovery. Even if things are breaking down and they feel much worse, they can still take steps to make sure they do not return to drinking and using drugs. Let participants know that even if they do not drink alcohol excessively or misuse prescription or street drugs, they can include this activity as part of their wellness plan. If drugs or alcohol make them feel worse when they are having a hard time, making this list will give them another tool to help avoid the negative effects of a bender or binge. They can also include a commitment to not substitute other negative things or behaviors such as, bingeing on food and purging, gambling, cutting, or any other compulsion they want to avoid.

### Reflection

Participants can work in groups to complete the sentence. They can list as many actions to take before picking up a drink or a substitute as they wish.

Have participants share their ideas in small groups, record them on flip charts and then share them with the whole group.

### Role-Plays

Ask for volunteers to act out some of the actions they have listed. Participants can role play a person calling their AA sponsor or pastor and telling him or her they are having a hard time and want to drink...or a person can role-play calling someone to come over and help them flush down the toilet the drugs they were about to take.

### Storytelling and expressive choices

Participants can share stories about times they were able to stay away from a compulsive behavior, or drugs and alcohol, despite the obsession to use or drink. Participants can share other times they were successful at making positive changes.

### Closing

Ask participants to share how they will ensure ongoing daily use of their plan.

## Topic 17. Advance Directives, Part 1

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### *Goal of This Session*

To assist people in developing their own advance directive. This is the first of two sessions on this topic and is followed by a session on post-crisis planning.

### *Topic Agenda*

1. Introduction
2. Section 1: What I Am Like When I Am Feeling Well
3. Section 2: Indicators That I Need Assistance From Others
4. Section 3: Who Is Allowed to Help and Who Should Not Be Involved
5. Section 4: Preferred Health Care Providers, Treatment Centers, and Supports
6. Closing
7. Advance Directive form

### *Facilitator Preparation Tasks*

Make three copies of the Advance Directive form for each person.

Contact your state Protection and Advocacy Agency to learn the legal status of mental health advance directives in your state. Get copies of any relevant information for members of the group. You may need to revise the attached Advance Directive form to meet your state's requirements.

Make needed posters, handouts, and/or recordings for the "Introduction."

### *Check-In*

Participants share a wellness tool they have used since the previous session.

### *Introduction*

#### Presentation

Note for the facilitator: Share information on mental health advance directives that you have learned from your state Protection and Advocacy Agency, giving participant's copies of this information for their files.

Today you are going to begin the process of developing your own advance directives for mental health and co-occurring recovery. You will be working on this next week as well. The work you have done in developing your Wellness Toolbox and your Action Plan for Prevention and Recovery will be helpful to you in this process. Using those plans helps ensure that you will not get into a situation in which others need to take over responsibility for your care and make treatment decisions that are different from the ones you would be likely to make.

However, in spite of your planning and action, you may find yourself in a difficult situation in which others will need to take over much of the responsibility for your care. You may feel as though you are totally out of control or you may not trust your own judgment when it is impaired. Your advance directive will tell others, people of your choice, how to help you, and will make your wishes known, allowing you to remain in control. Because you have developed this advance directive, they will know what to do, saving everyone time and frustration, while ensuring that your needs will be met and you will get better as quickly as possible.

The advance directive is different from other parts of your Action Plan for Prevention and Recovery because you will be giving it to others, and they will have to be able to understand it. Make sure it is clear, easy to understand, and legible.

Developing an advance directive can take a lot of time and thought. You may choose to continue working on your advance directive on your own or with the help of a supporter or care provider. Once you have completed your Advance Directive form, give copies of it to the people you name on the plan as your supporters. In many states, the Advance Directive is a legal document; it is the best way to ensure that your wishes are implemented.



## Validating Chat, and Slide or Poster

Have validating chats about each point on the following slide or poster.

### Important Things to Keep in Mind as You Develop Your Advance Directive

- 1 This is your plan, and no one else should tell you what you should or should not put in it.
- 1 It needs to be written so that others can easily understand it.

Review the following parts of the Advance Directive form:

1. What I Am Like When I Am Feeling Well
2. Indicators That I Need Assistance From Others
3. Who Is Allowed to Help and Who Should Not Be Involved
4. Preferred Health Care Providers, Treatment Centers, and Supports
5. Treatments and Complementary Therapies
6. Home, Community Supports, and Respite Plan
7. Hospitals or Treatment Facilities and Detoxes
8. Staying Well—What Helps and What Hurts
9. Recognizing Recovery

Today you will be working on the first four sections of the plan.

### Organizing

Label the next section of your organizing system (e.g., binder or file) *Advance Directive*.

The facilitator should give each person three copies of the Advance Directive form. One is to use as a working copy as the participant develops his or her plan, one is to use to copy his or her final document if the participant chooses to do so, and one is a blank copy the person can use to make other copies to revise his or her plan. Participants can put two of the copies

in their organizing system and use the third to begin working on a draft of their plan.

### Validating Chat

Discuss the value of having an advance directive.

### Storytelling and Expressive Choices

Participants in the group who have an advance directive share how it has worked for them.

### *Section 1. What I Am Like When I Am Feeling Well*

You already developed a section on what you are like when you are well at the beginning of your Action Plan for Prevention and Recovery. In the advance directive, this section can be brief. It might help someone who knows you well to understand you a little better, and for someone who doesn't know you well—or at all—it is very important. You can write it, ask someone else to write what you dictate, or record it. If you misuse or abuse substances and tend to act very differently when under the influence, you can use the advanced directive to explain your clean and sober self.

### Small groups and Expressive Choices

Participants can work in small groups, in pairs, or individually, developing this section of the plan using expressive choices.

### *Section 2. Indicators That I Need Assistance From Others*

In this section, describe the signs that would indicate to others that they need to assist you and perhaps make decisions for you. These indicators must be described well so that it is clear to others that you need help and are asking for them to step in; even though you may not say so, or may even insist you don't need help. Some signs others have suggested include:

- Being unable to recognize or correctly identify family members and friends.
- Pacing uncontrollably and being unable to stay still.
- Neglecting personal hygiene. (How many days has this been happening?)

- Not cooking or doing any housework. (How many days has this been happening?)
- Not understanding what people are saying.
- Thinking you are someone else.
- Thinking you have certain abilities you don't.
- Abusive, destructive, or violent behavior toward yourself, others, or property.
- Putting yourself or others at risk with alcohol/drug use.
- Not meeting childcare responsibilities, neglecting children, or putting them at risk.
- Drug seeking behavior (obtaining prescriptions from numerous physicians, borrowing money, selling possessions).
- A return to alcohol/drug use after successful abstinence (For how long?).
- Not getting out of bed. (How long has this been happening?)
- Refusing to eat or drink.
- Isolating in your house alone and cutting off social contact.
- Not answering phone calls.

#### Storytelling and Expressive Choices

People share stories of times when they needed someone to take over for them, focusing on the signs that let others know they needed assistance and support.

#### Expressive Choices

Participants express their feelings about the most difficult times in any way they choose. After they have completed this activity, they can share their work with the group if they choose to do so.

#### Easel Pad Note Taking

Ask group members to share other signs.

#### Expressive Choices

Participants work in small groups, in pairs, or alone, writing or recording this section of their plan.

#### Support Group

Thinking about difficult times can be upsetting. Each participant gets 5 minutes to share how this felt for him or her and something he or she can do to feel better.

#### *Section 3. Who Is Allowed to Help and Who Should Not Be Involved*

In this section, you will list those people whom you want to take over for you when the signs you listed in the previous section come up. Before listing people in this part of your plan, talk with them about what you'd like from them and make sure they understand and agree to be in the plan. They can be family members, friends, or health care providers. If you are in co-occurring recovery, they might be a sponsor or a peer in recovery who you trust. They should be committed to following the plans you have written. When you first develop this plan, your list may be mostly health care providers or counselors. But as you work on developing your support system, try to change the list so that you rely more heavily on family members, people who understand your recovery, and friends, because they are the most available.

It's best to have at least five people on your list of supporters. If you have only one or two, they might not be available when you really need them, like when they go on vacation or are sick. If you don't have that many supporters now, you may need to work on developing new and/or closer relationships with people. Refer to the Topics on Support and Peer Support (Topic 7, "Building a Strong Support System," and Topic 12, "Peer Support, Recovery Meetings, and Peer Counseling"). Peers can be very good supporters for each other.

#### Storytelling and Expressive Choices

Participants share stories of when others gave helpful assistance, and stories of when others tried to assist them and it was not helpful.

#### Easel Pad Note Taking

Participants list the attributes of supporters that would be most helpful, for example, patient, understanding, available, trustworthy, non-judgmental, compassionate, competent, and reliable.

### Expressive Choices

Participants divide into small groups, into pairs, or work alone filling in this section of their Advance Directive form.

### Validating Chat

Participants discuss how they would like possible disputes between people they have chosen as supporters to be settled.

### Role-Plays

Volunteers role-play a situation in which three supporters are deciding how to handle a difficult situation and one person disagrees with the others.

### Expressive Choices

Participants divide into small groups, into pairs, or work alone filling in this section of their Advance Directive form.

## *Section 4. Preferred Health Care Providers, Treatment Centers, and Supports*

This section is easier because you already know some of this information and the rest of it is easily accessible. You may need to fill out some of the information at home where you have easy access to numbers and prescriptions. In this section, include the names of your physician, pharmacist and counselor, or other health care providers, along with their telephone numbers. Include any of the medications you are currently taking, the dosage, and why you are using them; those medications you would prefer to take, if it becomes necessary—those that have worked well for you in the past—and why you would choose those. Also, list clearly the medications that you must avoid and do not want to take—like those that you are allergic to, conflict with other medications, cause undesirable side effects or have mood altering properties, and those that have a potential for abuse. Give the reasons they should be avoided. Also list any vitamins, herbs, alternative medications (such as homeopathic), and supplements you are taking. Fill in the addiction recovery status section if you are recovering from alcohol or other drug dependency or abuse, the substances you are committed to abstain from or which substances and medications tend to trigger a craving to use more.

### Problem Solving

Participants share questions they have about this section, and others give possible answers.

### Expressive Choices

Participants work together in pairs, in small groups, or alone, filling out this section of their forms. They may need or want to work on this step at home.

### *Closing*

This is a difficult session. Participants may want to take time at the end of the session so that each person can have 2 minutes to share how he or she is feeling and make plans for nice things the person can do for him or herself. Another option would be to leave time for socializing.

# Advance Directive

Name \_\_\_\_\_ Date \_\_\_\_\_

## Section 1. What I Am Like When I Am Feeling Well

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## Section 2. Indicators That I Need Assistance From Others

If I have several of the following signs, my supporters, named in this document, need to take over responsibility for my care and make decisions on my behalf based on my instructions in this plan.

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## Section 3. Who Is Allowed to Help and Who Should Not Be Involved

If this plan needs to be activated, I want the following people to assist me and take action on my behalf when necessary.

Name \_\_\_\_\_ Connection/role \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Specific Tasks for This Person \_\_\_\_\_

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Name \_\_\_\_\_ Connection/role \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Specific Tasks for This Person \_\_\_\_\_

---

---

Name \_\_\_\_\_ Connection/role \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Specific Tasks for This Person \_\_\_\_\_

---

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# Advance Directive

Name \_\_\_\_\_  
Connection/role \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email \_\_\_\_\_  
Specific Tasks for This Person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Connection/role \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Email \_\_\_\_\_  
Specific Tasks for This Person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use this section if you're responsible for caring for minor children.

I prefer my children stay with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I prefer my children are told the following, in regard to my condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want the following type of contact with my children while I am not feeling well or am in a hospital or treatment facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I *do not* want the following people involved in any way in my care or treatment:  
Name \_\_\_\_\_  
I don't want them involved because: (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
I don't want them involved because: (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Settling Disputes Between Supporters:

If my supporters disagree on a course of action to be followed, I would like the dispute to be settled in the following way:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4. Preferred Health Care Providers, Treatment Centers, and Supports

Physician \_\_\_\_\_

Psychiatrist \_\_\_\_\_

Addiction Recovery Status: \_\_\_\_\_  
\_\_\_\_\_

By checking this box I am specifying that an addiction professional should be involved in my care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use the space above for name and contact information if a specific addiction counselor or agency should be contacted)

Others to contact who have addiction recovery experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Health Care Providers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pharmacy \_\_\_\_\_

Pharmacist \_\_\_\_\_

Insurance Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Advance Directive

Medication, supplement, and health care preparations currently using:

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Medications, supplements, and health care preparations to avoid and the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Support groups, sponsors, or meetings: Even if I have difficulties that do not involve a return to alcohol or other drug use, I still need to maintain my addiction recovery while receiving mental health services. These are some of the things I need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These things tend to trigger a craving to use alcohol or drugs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These things tend to help relieve the compulsion to use alcohol or drugs: \_\_\_\_\_

\_\_\_\_\_

These are some of the people who are important to my addiction recovery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 5. Treatments and Complementary Therapies

Treatment/Complementary Therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how to use this treatment/complementary therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment/Complementary Therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how to use this treatment/complementary therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment/Complementary Therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how to use this treatment/complementary therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment/Complementary Therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how to use this treatment/complementary therapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







## Topic 18. Advance Directives, Part 2

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### *Goal of This Session*

To guide participants through Sections 5 through 9 of the Advance Directive form. This session includes a home, community, and respite plan; information on preferred health care providers, medications, supplements, and health care preparations; treatments and complementary therapies; hospitals, treatment facilities, or detoxes; indicators that the plan is no longer needed; and information on legalizing and using the plan.

### *Topic Agenda*

1. Check-In
2. Section 5: Treatments and Complementary Therapies
3. Section 6: Home, Community, and Respite Plan
4. Section 7: Hospitals or Treatment Facilities and Detoxes
5. Section 8: Staying Well—What Helps and What Hurts
6. Section 9: Recognizing Recovery
7. Completing and Using the Plan
8. Closing

### *Facilitator Preparation Tasks*

Have available information on various day programs and respite centers that might be alternatives to hospitalization, hospitals, detoxes, and other treatment and recovery support options in the area, and resources on various treatments.

### *Check-In*

Participants share their feelings about developing an advance directive.

### *Section 5. Treatments and Complementary Therapies*

There may be particular treatments that participants would *like* in a crisis situation and others that they would want to *avoid*. The reason may be as simple as “this treatment has or has not worked in the past,” they may have some concerns about the safety of this treatment, or maybe they just don’t like the way it makes them feel. Treatments here can mean medical procedures or the many possibilities of alternative therapy, such as injections of B vitamins, massages, or cranial sacral therapy. This section may include preferences and mandates about controversial treatments and/or procedures such as electroshock therapy, seclusion, restraint, certain medications, and the use of quiet rooms.

**Note to the facilitator:** Participants may want to discuss specific treatments. This is fine. As the facilitator, avoid recommending or telling people to avoid specific treatments. Assist them in learning about treatments by a resource review or through the Internet.

### *Validating Chat*

Participants talk about:

- Treatments they would prefer or would like to try and those they would want to avoid, and
- Controversial treatments and/or procedures.

### *Storytelling and Expressive Choices*

Participants share stories about treatments and procedures that were helpful and those that were not helpful.

### *Resources*

Participants review resources and check out Internet sites for information on treatments including controversial treatments and therapies. They can download and make copies of specific information for their files if they choose to do so.

## Reflection and Expressive Choices

Participants work in small groups, in pairs, or individually to make lists of treatments and recovery supports they would prefer if they were having a difficult time, those that are acceptable to them, and those that they would want to avoid. *They may want to emphasize by putting in boldface or highlighting in some ways those procedures they have strong feelings about. For example, avoiding restraint.*

### Section 6. Home, Community, and Respite Plan

In this section, you develop a plan for your care in a difficult time, which will allow you to stay at home, in your community, or stay part-time at home and part-time in the community. This is very important in these days when hospital stays and stays in residential facilities are often short or not possible. In fact, you may find that you feel better more quickly if you are at home in your own surroundings.

Note to the facilitator: It is often difficult for people to develop this kind of plan. You may want to have additional support people available to work with people individually on developing their plan. You may also want to have extra recording devices for people to record this part of their plan. Volunteers can write or type it for them so that they can include it in their written plan to give to others. Some people might like help outside the session for working on this plan. It can be offered if possible.

Have validating chats, peer counseling sessions, discussions, or problem-solving sessions about the following topics. Easel pad note taking will also be helpful.

- Is hospitalization always an option when you are having a hard time?
- Is hospitalization the best option when you are having a hard time?
- What are the pros and cons of hospitalization?
- What are the pros and cons of residential treatments?
- What are the advantages of staying home rather than going to the hospital or to a residential treatment program when you are having a difficult time?
- Is home a safe place or a place with many triggers?
- Is there another place in the community or with family that you could stay?
- Why is it important to have a plan that enables you to stay at home or in the community?
- Why might you feel better more quickly if you stayed at home or in the community?
- What would you need in order to stay home when you are having a difficult time?
- What could you do for yourself if you stayed home when you were having a difficult time? What wellness tools could you use?
- What could others do for you if you stayed home when you were having a difficult time?
- Do you have friends or family members who could take turns providing you with care and support? Who are they?
- Are there any programs in your community that you could attend during the day and be at home in the evening? What are they?
- Are there any respite programs in your community? What are they?
- If you have children, are there supports, family, or service providers who can help care for them?
- Are there facilities that allow children or provide accommodations for parents?
- What health care providers would be available to support you and how could they help?
- If you are in addiction recovery and experience are turn to drug and alcohol use, can you get back on track without going into treatment?
- Is it better for you to detox from alcohol and drugs at home or is it safer to go into a detox for a few days?

- If you are in a co-occurring recovery, do you have addiction treatment providers who understand mental health recovery issues and mental health recovery providers who understand addiction?
- How strong is your support network?
- If you have served in the military are you connected with local resources?

### Reflection and Expressive Choices

Using the answers to the previous questions and sections, as well as their Wellness Toolbox, people work on their own, with a support person, in pairs or in small groups, to write this section in a way that ensures that others can help them to implement it. People may need additional pages. Some people may want to write it. They can also use a computer, or they can tape record it so that someone else can write it. Leave ample time. Participants may choose to work on this section at another time and add it into their plan when they have finished.

### Support Group

Developing a home, community, and respite plan is a difficult task. Hold a support group in which each person gets several minutes to share how this activity feels to him or her.

### Celebration

Participants can choose to have a celebration with special snacks, music, and socializing when they have completed this intense activity.

### *Section 7. Hospital or Treatment Facilities and Detoxes*

In this section, list the treatment facilities you would like to use if family members and friends cannot provide you with care, or if your condition requires hospital care. Your options may be limited by the facilities that are available in your area and by your insurance coverage. You can also include a list of treatment facilities you would like to avoid, such as places where you received poor care in the past. You can include detoxification facilities or residential substance use disorder treatment centers.

### Visualization

Put on some peaceful background music or nature sounds. Ask participants to take part in the following exercise.

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now imagine that you are feeling badly and that you are going to go to a place where you will receive assistance and support that will help you feel better. Let your imagination “be free.” Imagine what that place would be like. What would it look like? What would it be like inside? Who would be there? How would you be treated? How would you spend your time? Think about it for several minutes (long pause). Bring your attention back to the room.*

### Support Group and Expressive Choices

Participants share the attributes of the place they visualized in the previous exercise.

### Easel Pad Note Taking

Participants share the names of hospitals and treatment facilities in their area. Under each facility they can list the positive and negative attributes of that facility.

## Reflection and Expressive Choices

Participants work together individually, in pairs, or in small groups writing down the treatment facilities they would prefer if it became necessary, and those they would want to avoid.

### *Section 8. Staying Well—What Helps and What Hurts*

In this section, you describe for your supporters what they can do that would be helpful. Include a list of tasks you would like them to take care of until you feel better and a list of things that others might do that would not be helpful, and that might even make the situation worse. This part of the plan is very important and deserves careful attention.

## Storytelling and Expressive Choices

Participants talk about things others have done for them when they were having a difficult time, which helped them feel better. Specific ideas can be added to the easel pad list.

## Reflection

Each person reviews his or her Wellness Toolbox and checks off those tools he or she thinks would be helpful if he or she was having a very difficult time. Participants then share them with the group, and the facilitator or a volunteer should add them to the list. In each participant's plan, the participant could ask his or her supporters to do these things, remind the participant to do these things, or help the participant to do these things (easel pad note taking). Some ideas include:

- Hold me. (How? How firmly?)
- Let me pace.
- Encourage me to move; help me move.
- Lead me through a relaxation or stress reduction technique.
- Peer counsel with me.
- Let me read my daily meditation book.
- Provide me with materials so I can draw or paint.
- Give me the space to express my feelings.
- Don't talk to me (or talk to me).

- Encourage me and reassure me.
- Let me see my children or call them regularly.
- Make sure I have nutritious food to eat.
- Make sure I take my vitamins and other medications.
- Make sure I can get to meetings and support groups.
- Play comic videos or DVDs for me.
- Play good music (list the kind) for me.
- Just let me rest.
- Do not let me have access to alcohol or money to buy drugs.
- Remind me about the people and things in my life that bring me joy.
- Help me get to my place of worship, be around nature, or participate in other spiritually important activities.

Some people also include instructions in this section on how they want to be treated by those taking over their care. These instructions might include statements such as “kindly but firmly tell me what you are going to do,” “don't ask me to make any choices at this point,” or “take my medications out of my top dresser drawer right away.”

## Expressive Choices

Participants work as individuals, pairs, or groups recording in their Advance Directive form the things that others can do that will be helpful.

## Storytelling and Expressive Choices

Participants share stories about things others have done when they were having a difficult time, which were not helpful or made things worse. List specific ideas on the easel pad.

The ideas might include:

- Forcing you to do anything—such as walking,
- Scolding you,
- Becoming impatient with you,

- Taking away your cigarettes or coffee,
- Talking continuously,
- Keeping you from contacting your children, or
- Not letting you have contact with anyone who speaks your native language.

### Expressive Choices

In their Advance Directive form, participants list those things that would make them feel worse.

### Validating Chat

Have a validating chat about those household tasks and responsibilities that are difficult or impossible when you are having a very difficult time. Have a chat about what it is like to be a parent when you are having a very difficult time and agencies and friends that can help with child rearing responsibilities.

### Easel Pad Note Taking

Include a list of specific tasks you would like others to do for you, whom you would like to do which task, and any specific instructions they might need. These tasks might include:

- Buying the groceries,
- Watering the plants,
- Taking care of pets,
- Helping out with taking care of the children (how?),
- Paying the bills,
- Talking to my employer,
- Taking out the trash, or
- Doing the laundry.

Participants fill in the forms, listing the specific tasks they need others to do for them. They can include any instructions that might be helpful.

## *Section 9. Recognizing Recovery*

In the last part of the Advance Directive form, you give your supporters information on how to recognize when you have recovered enough so that you can take care of yourself. They will then know that they no longer need to use this plan.

### Validating Chat

Participants talk about signs that would tell others they are feeling much better and no longer need as much assistance and support.

### Easel Pad Note Taking

Participants share indicators that would tell others they no longer need to follow the plan. For example:

- When I am eating at least two meals a day,
- When I am awake for 6 hours a day,
- When I am taking care of my personal hygiene needs daily,
- When I can carry on a good conversation,
- When I can easily walk around the house,
- When I haven't had a drink of alcohol for at least a week, and
- When I am less isolated and begin to use my social and community contacts.

### Reflection and Expressive Choices

Participants work individually, in pairs, or in small groups on their own plan, listing the signs that the need for the plan is ending.

### *Completing and Using the Plan*

At this time, some participants may have completed the plan, but others will want to continue to work on it. When they complete their plan, they can give copies of it to each of the people on their list of supporters, discussing it with them at that time. They can also have a meeting of their supporters so they can discuss

the plan and the supporters can know each other in advance. Remind participants that they can update the plan when they learn new information or change their mind about things, dating the plan each time they change their minds, and giving revised copies to their supporters. They can also keep copies of their advance directive in their organizational system.

Remind them of the state regulations regarding advance directives. If applicable, tell them they can help ensure that their wishes will be followed by signing the Advance Directive form in the presence of two witnesses. It may further increase its potential for use if they appoint and name a durable power of attorney—a person who can legally make decisions for them if they were not able to make decisions for themselves. Since the legality of these documents varies from state to state, they cannot be absolutely sure the plan will be followed. However, it is their best assurance that their wishes will be honored.

#### Presentations From the Community

Invite a representative from your state Protection and Advocacy Agency to address the group on issues regarding advance directives, answer questions, and help ensure that their documents are as legally binding as possible.

#### Role-Plays

Participants can role-play describing their advance directive to a supporter or a group of supporters.

#### *Closing*

Participants share their feelings about advance directives and the work they have done.

## Topic 19. Post-Crisis/Relapse Planning and Using an Action Plan for Prevention and Recovery

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### *Goal of This Session*

To work with participants to develop a plan that they can use to recover after they have had a very difficult time.

### *Topic Agenda*

1. Introduction
2. Indicators That I Am Well Enough to Use This Plan
3. Support People
4. Arriving at Home
5. Using Your Action Plan for Prevention and Recovery
6. Celebration
7. Closing

### *Facilitator Preparation Tasks*

Make copies of the Post-Crisis Plan for participants, including extra copies for people to have in their files.

### *Introduction*

Give each participant three copies of the Post-Crisis Plan, one to use for a draft copy, one for a final copy, and one for their file so that they can make copies when they want to change their plan.

### *Presentation*

You have now done lots and lots of work. The experience you have gained through this process will guide you with ease through the Post-Crisis Plan. Post-crisis/relapse planning is the last part of your Action Plan for Prevention and Recovery. It is different from the other parts of your action plan because your needs change as you get better and better. You may want to think about and work on this plan in advance. However, because each difficult time you experience is different, your recovery from that time will also be different. Therefore, you will want to work on refining this part of the plan as soon as you begin to feel better.

Those people who have supported you through this hard time may be helpful in this process. If you are in a treatment facility and are working with staff to develop a discharge plan, you may want to let them know about your Post-Crisis Plan. Share your plan with people who are supporting you as you heal. Refer to your Wellness Toolbox and other parts of your Action Plan for Prevention and Recovery as you work on your Post-Crisis Plan.

### *Indicators That I Am Well Enough to Use This Plan*

Discuss the indicators that will let you know that you are feeling well enough to use the Post-Crisis Plan. I am well enough to use the Post-Crisis Plan when I...

### *Easel Pad Note Taking*

Participants share signs that they are ready to use their Post-Crisis Plan.

### *Reflection and Expressive Choices*

Participants work individually, in pairs, or in small groups filling in their plan with indicators that let them know when they are well enough to use a Post-Crisis Plan. They can put the indicators on the form, on plain note paper, on a computer, or record them by dictating them.

### *Support People*

Participants discuss the difference between the role of support during a difficult time and during recovery from a difficult time.

### *Reflection and Expressive Choices*

Participants work individually, in pairs, or in small groups naming the people they want to support them through this time. They may be the same people or different ones from those who supported them when they were having a hard time.

### *Arriving at Home*

This section would be needed if you were hospitalized, stayed in a respite center, spent time in a residential treatment center or at a detox, or another place while you were having a difficult time.

## Visualization

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back. Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now imagine that you are recovering from a relapse or a very difficult time. You have been away and now are returning to your home. Imagine a wonderful homecoming. Imagine what that would be like. Think about it for several minutes (long pause). Bring your attention back to the room.*

## Reflection and Expressive Choices

Using what they learned in the visualization exercise, participants work alone, in pairs, or in small groups filling in the section of the plan about arriving home.

Have validating chats, peer counseling sessions, discussions, or problem-solving sessions about the Post-Crisis Plan. Easel pad note taking would also be helpful. As each question below is addressed, people can fill in responses on their own plans in any way that they choose:

- What are some things I might need as soon as I get home or as soon as I start feeling better?
- What can I ask others to do for me?
- What are some things that can wait until I feel better?
- Is there anything that needs to be done before I return home? (such as asking someone to dispose of any alcohol left behind)
- What do I need to do for myself every day while I am recovering from this difficult time?
- What things and people do I need to avoid while I am recovering?
- What signs would show me that I may be beginning to feel worse?
- What wellness tools will I use if I am starting to feel worse?
- What actions do I need to take if I feel like I might return to alcohol or drug use?
- What might I need to do to prevent further repercussions from this crisis—and when will I do these things?
- Who are the people I might need to thank?
- Who are the people I might need to apologize to? When and how might I do that?
- Who are the people I might need to make amends with and when and how will I do that?
- What possible medical, legal, or financial issues might need to be resolved and how will I do that? Are there resources that I can draw on to help?
- What might I need to do to prevent further loss?
- How will I know when this phase is over and I can return to using my Daily Maintenance Plan as my guide to things to do for myself every day?
- Are there any changes in the first four sections of my Action Plan for Prevention and Recovery that might help prevent such a crisis in the future?
- Is there anything in my Post-Crisis Plan that I might need to change?



Also discuss the following questions that can be answered only after the difficult time:

What did I learn from this crisis?

- Am I beating myself up and using negative talk because of the crisis/relapse? What do I need to do to accept it and move on?
- Are there changes I want to make in my lifestyle or life goals?

#### Reflection and Expressive Choices

Using the answers to the previous questions, the visualization, and their Wellness Toolbox, people work individually, individually with a support person, in pairs, or in small groups developing as much of this plan as they want at this time. They can work on the rest later or when they are recovering from a difficult time.

#### *Using Your Action Plan for Prevention and Recovery*

Divide into pairs. Each person addresses the following questions:

- Where will I keep my Action Plan for Prevention and Recovery? Do I need additional copies to keep in other places or to give to other people?
- How will I make sure I use my plan?
- How will I know I need to revise my plan?
- Who will support me in using this plan?  
How do I want them to support me?

#### *Celebration*

The group takes time to celebrate completion of this section of the program in any way they choose. (It is not necessary to have completed the Action Plan for Prevention and Recovery to celebrate.)

#### *Closing*

Each participant shares one thing the participant will do differently the next time he or she is feeling badly.

# Post-Crisis Plan

I will know that I am “out of the crisis” and ready to use this Post-Crisis/Relapse Plan when I am able to:

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How I would like to feel when I have recovered from this.

You may want to refer to the first section of your Action Plan for Prevention and Recovery—What I Am Like When I Am Well. Your perspective may have changed in this crisis, and this list may be different from the one you wrote previously.

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If I abused alcohol or other drugs while I was having a difficult time, can I commit to avoiding these substances or abstaining from them?

I would like the following people to support me if possible during this time.

Name \_\_\_\_\_ Phone \_\_\_\_\_

What I need them to do \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

What I need them to do \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

What I need them to do \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

What I need them to do \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

What I need them to do \_\_\_\_\_

Arriving at home (if you have been hospitalized or away from home)

If you have been hospitalized, have been away, or spent time at a residential facility, your first few hours at home are very important.

Will I feel safe and be safe at home? \_\_\_\_\_  y  n

If your answer is no, you may want to respond to the following questions: What will I do to ensure that I will feel and be safe at home? \_\_\_\_\_

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I would like to stay (where) \_\_\_\_\_  
for (how long) \_\_\_\_\_ before I go home.

I would like \_\_\_\_\_ or \_\_\_\_\_  
to take me home.

I would like \_\_\_\_\_ or \_\_\_\_\_  
to stay with me.

When I get home, I would like to \_\_\_\_\_  
or \_\_\_\_\_.

If the following things are taken care of, it would ease my return: \_\_\_\_\_

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The following substances or items should not be in my home when I return: \_\_\_\_\_

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They may be found in the following places:

Things I must take care of as soon as I get home:

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# Post-Crisis Plan

Things I can ask someone else to do for me: \_\_\_\_\_

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Things that can wait until I feel better: \_\_\_\_\_

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Things I need to do for *myself* every day while I am recovering from this crisis: \_\_\_\_\_

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Things I might need to do every day while I am recovering from this crisis: \_\_\_\_\_

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Things and people I need to avoid while I am recovering from this crisis: \_\_\_\_\_

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Signs that I may be beginning to feel worse—*anxiety, excessive worry, overeating, obsessing about using alcohol or drugs, or sleep disturbances*: \_\_\_\_\_

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Wellness tools I will use if I am starting to feel worse—*start those that you must do—the others are choices*: \_\_\_\_\_

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Supporters, meetings, and groups that I need to tell about the difficulties I have had: \_\_\_\_\_

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People or places that may be difficult to return to or tell:

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Reasons it may be difficult: \_\_\_\_\_

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What could make it easier? \_\_\_\_\_

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What do I need to do to prevent further repercussions from this crisis—and when will I do these things?

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People I need to thank:

Person \_\_\_\_\_  
When I will thank him/her  
How I will thank him/her \_\_\_\_\_

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People I need to apologize to:

Person \_\_\_\_\_  
When I will apologize  
How I will apologize \_\_\_\_\_

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# Post-Crisis Plan

People I need to make amends with:

Person \_\_\_\_\_  
When I will make amends \_\_\_\_\_  
How I will make amends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical, legal, or financial issues that need to be resolved:

Issue \_\_\_\_\_  
How I plan to resolve this issue \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things I need to do to prevent further loss—like canceling credit cards, getting official leave from work I left without notice, talking to my probation officer and cutting ties with destructive friends: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs that this phase is over and I can return to using my Daily Maintenance Plan as my guide to things to do for myself every day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes in the first four sections of my Action Plan for Prevention and Recovery that might help prevent such a crisis in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes in my advance directive that might ease my recovery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes I want to make in my lifestyle or life goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did I learn from this crisis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there changes I want or need to make in my life as a result of what I have learned? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, when and how will I make these changes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Post-Crisis Plan

## Timetable for Resuming Responsibilities

Develop plans for resuming responsibilities that others may have had to take over or that did not get done while you were having a hard time, things like child care, pet care, your job, cooking, and household chores.

SAMPLE: Responsibility: Getting back to work

While I am resuming this responsibility, I need (who) to drive me to work so that I don't have to take the bus.

\_\_\_\_\_

## Plan for Resuming Responsibility

- 1 In 3 days, go back to work for 2 hours a day for 5 days.
- 1 For 1 week, go to work half time.
- 1 For 1 week, work 3/4 time.
- 1 Resume full work schedule.

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis

\_\_\_\_\_

While I am resuming this responsibility, I need (who)

\_\_\_\_\_

to \_\_\_\_\_

Plan for resuming

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis

\_\_\_\_\_

While I am resuming this responsibility, I need (who)

\_\_\_\_\_

to \_\_\_\_\_

Plan for resuming

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis

\_\_\_\_\_

While I am resuming this responsibility, I need (who)

\_\_\_\_\_

to \_\_\_\_\_

Plan for resuming

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibility: \_\_\_\_\_

Who has been doing this while I was in crisis

\_\_\_\_\_

While I am resuming this responsibility, I need (who)

\_\_\_\_\_

to \_\_\_\_\_

Plan for resuming

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Topic 20. Addressing Difficult Life Issues

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### *Goal of This Session*

To help people understand that they can deal with issues of trauma in their lives through empowerment, validation, and connection.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Empowerment
4. Validation
5. Connection
6. Program Decisions
7. Closing

### *Facilitator Preparation Tasks*

Get a copy of the booklet SMA-3717, *Dealing with the Effects of Trauma: A Self-Help Guide*, for each participant if this has not been done previously.

Make needed posters and slides for the “Empowerment” and “Validation” sections and the checklist handout for “Program Decisions.”

### *Check-In*

Each person shares one thing he or she did since the last session that was fun, which he or she has never done before.

### *Introduction*

The traumatic things that happen to people in their lives are often overlooked as a cause of mental health or substance use difficulties. There are many life circumstances that can cause or worsen mental health difficulties. You may have been told that your difficulties are caused by a chemical imbalance in the brain. You may also be hearing that your difficulties may be caused by the traumatic things that have happened to you in your life like violence, abuse or neglect, disasters of various kinds, accidents, and war. It is not necessary to decide which you believe. Actions you can take to help yourself will be helpful no matter

what the cause of your difficulties. In this session, you will 1) explore the need for empowerment, validation, and connection; 2) discuss specific strategies for relieving the effects of trauma; and 3) explore options for overcoming challenges and barriers to wellness.

### *Empowerment*

Create a poster or slide to remind participants:

*Be in charge of every aspect of your recovery.*

### *Role-Plays*

When you have been told that you have mental health or alcohol/drug difficulties, often others will feel they must take over your life, making decisions for you, and fulfilling your responsibilities. Taking back control of your own life facilitates your recovery. It can be difficult for others to let go and trust you to manage your own life. When others try to keep you from taking back control of your life, how will you respond?

Participants volunteer to do the following role-plays:

- Person telling a care provider they will deal with a situation when they are ready,
- Person telling a friend she will not go to a violent film,
- Person telling someone else they will not confront the person who abused them until they are ready,
- Person making choices about where they will live and whom they will live with, and
- A person telling a counselor that trauma does have something to do with the way they have used drugs and alcohol.

### *Validating Chat*

People share how it feels to them when they know they are in control of their own lives. They can also discuss how it feels when someone gives them advice that takes away their power.

### *Storytelling and Expressive Choices*

People share stories of times when they have taken back control of their own lives and how they keep control of their lives.

### Easel Pad Note Taking

List ways that people have taken back and kept control over their own lives. (Example: Action Plan for Prevention and Recovery and advance directives.)

### Problem Solving

People share problems they are having taking back and keeping control over their lives, and get feedback from the group on how the problems can be solved.

### Peer Mentoring

People who have issues they want to address work with a peer to determine possible next steps. Consider the following example:

You have been living in a board and care home for many years and want to get out and live on your own. What are the first steps you could take toward meeting that goal?

Examples may include:

- Contact your state Protection and Advocacy Agency for help,
- Get a job,
- Locate an apartment you can afford, or
- Get support from family members and friends.

### Validation

Facilitators can say something like this:

*You may need others to listen to you, to validate the significance and importance of what happened to you, to bear witness, and to understand the role of this trauma in your life. Some people need to tell their story over and over and over again. That is part of the healing process for many people. Others may feel worse when they are asked to repeat what happened to them, especially if they are asked to repeat it over and over again to providers. Others might not remember the situation at all. That does not matter. Anything you choose to say or not say is OK. A good listener does not judge, probe, give advice, interrupt with stories, or share what they have heard with others.*

### Poster or Slide

People who listen and validate can be care providers, counselors, case managers, others who have had similar experiences, peers, willing friends, and family members. Make sure the person is willing and able to listen.

If you are talking with a peer, agree that you will stop or take a break whenever either of you decide to do so. Sometimes people want to be able to listen and help, but they are triggered themselves by recounts of other people's traumatic experiences and are not able to hear it. Check in with each other and stay connected. Give equal time to the listener either before or after they listen to you and accept that you probably won't be able to get to everything in one sitting.

### Validating Chat

People share how it feels to be listened to.

### Listing and Categorizing, and Easel Pad Note Taking

Participants share helpful and not helpful responses from listeners.

Helpful responses	Not helpful responses
I am sorry that happened to you.	It's time to get over it.
That sounds terrible.	Pull yourself up by the bootstraps.
That's really sad.	You know that never really happened.
How can I help?	You are making this all up to get attention.
You can do it one day at a time.	Why can't you just not drink?
What do you need?	You are being manipulative.

### Expressive Choices

People express their story through writing, by speaking into a recording device, or by expressing it through their choice of creative arts. These stories are for personal use and need not be shared with the group unless people choose to do so and the presentation would not be troubling to others.

### Connection

If you are dealing with trauma and difficult life circumstances, you may feel lonely much of the time. Reconnecting with others supports healing and recovery. Sometimes it is difficult to trust others and make connections. Begin slowly. Start by building a trusting relationship with one person. When you feel comfortable with that, begin developing a relationship with another person while maintaining your connection with the first person. Continue to build your connection with others in this way.

#### Validating Chat

People discuss trusting relationships they have had and what having such relationships felt like.

#### Peer Counseling

People talk about the people they trust, listing them if they choose to do so, and possible ways they can include more trusting people in their life.

#### Easel Pad Note Taking

People share ways to meet people who might become friends and supporters.

#### Listing and Categorizing, and Easel Pad Note Taking

Develop lists of things that encourage and discourage connection with others.

Encourage connection	Discourage connection
Mutuality	One person doing all the taking and not giving
Shared responsibility	Unequal responsibility
Respect for limits and boundaries	Violation of limits and boundaries

### Program Decisions

Mental health and substance abuse programs that help people deal with the effects of trauma or programs directed toward relieving the effects of trauma must be empowering, validating, and focused on building trusting relationships. Participants can use the following checklist to decide whether a program is a good option for them.

#### Handout

1. In this program, I am in charge of my own actions, healing, recovery, and life.  
 y  n
2. In this program, my experiences, thoughts, and feelings are heard and validated.  
 y  n
3. In this program, I can develop trusting relationships as I feel ready to do so.  
 y  n

If the program is a good one, all the responses will be yes.

### Closing

Give each person a copy of the booklet SMA-3717, *Dealing with the Effects of Trauma: A Self-Help Guide*.

Ask each person to share one thing the person plans to do so that he or she feels empowered in his or her life.



## Topic 21. Employment

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### *Goal of This Session*

To help each participant discover the next steps the participant needs to take regarding employment and/or engaging in some kind of satisfying work, to find the information and resources he or she needs to take the next step or steps, and to develop a plan of action.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Addressing Employment Needs
4. Closing

### *Facilitator Preparation Tasks*

Gather resources.

Make a poster or slide for “Addressing Employment Needs.”

### *Check-In*

Each person shares one or two sentences about work or a career that he or she has enjoyed.

### *Introduction*

The facilitator begins with something like this:

*Today's session is on various aspects of employment, career, and/or doing work that you enjoy. Some of you may be working full or part time. Others may not be working and wish you were. You may want to be doing some meaningful work and money is not an issue, or maybe money is the most important issue for you. You may be more interested in volunteering and being of service rather than seeking employment. You may want to get some or more education or develop skills. After hearing from each of you on your meaningful work experiences, you will break into small groups to work on the issues of most concern to you.*

### *Validating Chat*

Each person gets several minutes to talk about meaningful work experiences he or she has had.

### *Expressive Choices*

People take 5 minutes to develop a short presentation for the group on how they feel about employment and work issues.

### *Addressing Employment Needs*

Group members divide into small groups of their choice. Groups can meet on one topic for the rest of the session if they choose. The others can meet for shorter periods of time. Groups can be led by facilitators or participants who choose to do so. Possible groups and questions to discuss in the group are listed below.

Group: Not working but want to be

Possible questions for discussion:

- What is my ideal job?
- How many hours a day and how many days a week can I realistically work?
- How much can I work and still be able to do the things I need to do to keep myself well?
- Do I need regular hours or would a flexible schedule be better for me?
- How will it benefit me to work?
- What are the special talents, abilities, and experience that I will bring to a job?
- Do I need more education or training to get the job I want? If so, how can I make that happen?
- Would I prefer to be self-employed or work for someone else? What accommodations will I need?
- Do I have gaps in my employment or any type of criminal record that I might need to explain to a prospective employer?
- Can I share a workspace with others or do I need private space to work?
- Could I consider working for someone else from my home?

- How will getting a job affect my family life, social life, and other responsibilities?
- What changes do I need to make in my life in order to be able to work?
- Do I have transportation to get to a job site? If not, what can I do about it?
- Will I need new or different clothes if I have a job? If so, how can I get them?
- What resources are available in the community that will help me find and keep a job?
- What will I do to take care of myself when I am working?
- How will I relieve work-related stress?
- How will I know when I can't work?
- How will I know when it is not the right job for me or when I need to change jobs, work fewer hours, or quit?
- How will I make these changes happen?
- Who can assist me and support me as I look for work and begin working?
- What steps do I need to take to find work that suits me? For instance, I can:
  - Contact a vocational rehabilitation or employment counselor
  - Find out about job training services for veterans if I served in the military
  - Enroll in a training or educational program
  - Visit the local Employment and Training office
  - Take some skills or aptitude tests
  - Talk to some of my supporters to get their feedback
  - Gather information on child care and transportation options
  - Contact potential employers

Group: Working and comfortable with it

Possible questions for discussion:

- What do I need to do to ensure that my work or career continues to go well?
- How can I make sure that happens?

Group: Working and want to make some changes in work situation

Possible questions for discussion:

- What do I like about my current work situation?
- What changes do I need to make in my current work situation and why do I need to make them? Am I ready to make these changes?
- How can I make these changes? Does the job I have now make my life better or more difficult? If my job makes my life more difficult, what can I do to change that?
- Does my employer, and the other employees, treat me well? If not, what can I do to change that?

Group: Wanting to find work that more closely matches my interest and expertise

Possible questions for discussion:

- What kind of work would I like to be doing?
- How can I get more information on doing that kind of work? Will I need to get extra training?
- If so, how will I get that extra training?
- What else will I need to do to make this happen?

Group: Wanting to get more education or develop some skills

Possible questions for discussion:

- Do I really need more education or skills to get the job I want?
- If so, how can I get more education or skills?
- What are the options available to me?

Group: Want to find meaningful volunteer work

Possible questions for discussion:

- What kind of volunteer work would I like to do?
- Who might use my skills?
- How can I be in touch with them?
- Is there a place in my community that coordinates volunteers that might be helpful to me?

Group: Coping with behavioral health difficulties while working

Possible questions for discussion:

- How can I cope with depression, anxiety, phobias, voices, triggers, and other issues when I am working?
- Under what circumstances should I take time off from my work?
- Is my work environment free from alcohol and drug use?

Peer mentoring

Peers who have had successful work experiences can mentor peers who are working to achieve similar goals. The mentor asks the peer to describe his or her situation, and they discuss possible options. The questions above can serve as a guide.

Resources

Find information on the Americans with Disabilities Act, accommodations in the workplace, and accommodations in educational settings. Review employment-related resources and Internet sites:

- [SSI/SSDI Outreach Access and Recovery \(SOAR\)](#)
- [Working While Disabled—A Guide To Plans For Achieving Self Support](#)
- [FIND IT!- Department of Labor](#)
- [Job Accomodation Network](#)
- [Disabilty Employment](#)

Validating Chat

Discuss the issue of what to tell your employer about your experience with mental health difficulties or recovery from alcohol or other drug dependency.

Expressive Choices

Describe your ideal work situation and the steps you can take to make this happen.

Poster or Slide

Be advised: Many people who try to do shift work or work at night find it causes an increase in mental health difficulties. If you are in such a position and are having a hard time, this might be the reason. You might want to avoid such positions or have your work schedule modified.

Reflection and Expressive Choices

Participants review their Wellness Toolbox and Action Plan for Prevention and Recovery and make any revisions that might be necessary to accommodate work-related issues. For instance, the Daily Maintenance Plan might include packing a lunch and getting clothes ready for the next day. Triggers might include difficulties with co-workers, and an action might be to discuss the difficulties with a supervisor or employment counselor. Early warning signs might be that you are having difficulty sleeping, and an action might be to take a mental health day. A sign that things are breaking down might be that you are feeling irritated with your co-workers, want to yell at them, or want to get high after work. An action might be to talk to your job counselor or take a break from work for a few days.

*Closing*

Each person shares one action he or she plans to take as a result of this session.

## Topic 22. Overcoming Barriers and Challenges

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### *Goal of This Session*

To discuss the barriers and challenges to participants' recovery and explore ways of resolving these issues.

### *Topic Agenda*

1. Check-In
2. Introduction
3. Identifying and Overcoming Barriers and Challenges
4. Closing

### *Facilitator Preparation Tasks*

Make needed poster for "Identifying and Overcoming Barriers and Challenges" and a handout of responses to be given out at the next session.

Gather items for resource review.

### *Check-In*

In two or three sentences, people tell about a good time they had recently with another person.

### *Introduction*

Today you will have an opportunity to explore issues that are challenges and barriers to you in your recovery.

### *Identifying and Overcoming Barriers and Challenges*

There will be two 30-minute sessions. Each person chooses two issues from the following list, or others they can think of, that are a challenge to them. The group members divide into small groups that are comprised of people who have chosen to explore the same topic. The facilitator can work with the group members to decide which groups will be offered during the first time period and which will meet during the second time period in order to best accommodate all the participants. If some people are the only ones who have chosen a specific topic, they could work on that topic with a volunteer, peer mentor, or facilitator. Or they could

choose to use the time to work on the questions on their own, examine the resources on the topic, or check it out on the Internet.

### *Poster or Slide, and Easel Pad Note Taking*

People choose challenges that are important to them. Group members may decide to include other topics.

Have the following list on a sheet of easel pad paper. People choose the two topics that concern them the most.

Homelessness	Hunger and poverty
Prison/jail	Lack of health care
Self-harm	Disability
Managing difficult times	Lack of funds
Obtaining benefits	Alcohol and/or drug addiction
Living cheaply	Smoking
Food-related issues Making good decisions Building a support network Practicing self-advocacy Managing family life	Fears, phobias, incessant worry, or obsessions
Institutionalization	Learning to set boundaries and limits
Inadequate housing	Building your self-esteem
	Criminal justice involvement
	Job training and employment

When people have divided into small groups, one person asks each person in the group the following questions, allowing ample time for discussion:

- How does this issue get in the way of your recovery?
- What wellness tools can you use to overcome this barrier?
- What other resources might be helpful in overcoming this barrier?
- What first step can you take to overcome this barrier?

- Do you have some goals you would like to set for yourself around this issue?
- What are the steps you feel you can take to meet that goal? When can you begin taking those steps?

One person records the responses.

All participants meet, and the person who recorded the responses or another person shares the responses with the rest of the group. All the responses are typed up (and, if necessary, recorded) to be given out as a handout at the next session.

#### Reflection and Expressive Choices

Participants review their Wellness Toolbox and mark or note any wellness tools they could use to begin the process of resolving issues that may be barriers or challenges to their recovery.

#### Problem Solving

Participants share problems they think they will have in resolving their issues. Other people share responses that they think might be helpful.

#### Resources

Participants review resources and check Internet sites related to issues of concern to them.

#### Expressive Choices

Participants develop a presentation that describes their feelings about one or both of the issues that are challenging them.

#### Visualization

*Make yourself comfortable. Close your eyes if you are comfortable doing so. Take several deep breaths (pause for about a minute). Now focus all of your attention on your right leg. Let your right leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your left leg. Let your left leg relax completely. Feel the relaxation (pause). Now focus all of your attention on your lower back.*

*Let your lower back relax completely. Feel the relaxation (pause). Now focus all of your attention on your upper back and shoulders. Let your upper back and shoulders relax completely. Feel the relaxation (pause). Now focus all of your attention on your left arm. Let your left arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your right arm. Let your right arm relax completely. Feel the relaxation (pause). Now focus all of your attention on your head. Let the muscles in your head, your scalp, your forehead, your cheeks, your jaws, and even your neck relax completely. Feel the relaxation (pause). Notice the feelings of relaxation all over your body. You feel comfortable and peaceful. Now imagine that you have overcome the challenges and barriers in your life. What is your life like now? How do you feel? Congratulate yourself for overcoming these difficulties. Imagine that other people are congratulating you for overcoming these boundaries. Notice how this feels in your body. Stay with these good feelings for several moments. Tell yourself: I have a right to feel this way about myself all the time (long pause). Bring your attention back to the room.*

#### Expressive Choices

At the end of this exercise, participants share how it felt to them.

#### Closing

Participants share one step they are going to take to overcome their challenges and barriers.

## Topic 23. Developing a Lifestyle That Supports Your Recovery and Wellness

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### *Goal of This Session*

To consider participants' living space, living with others, people in their life, and their day-to-day lifestyle, and to make plans to implement changes that will support their recovery and wellness.

### *Topic Agenda*

1. Check-In
2. Living Space
3. Living With Others
4. People in Your Life
5. Your Daily Life
6. Support Group
7. Planning the Celebration
8. Closing

### *Facilitator Preparation Tasks*

Obtain copies of the booklet SMA-3718, *Developing a Recovery and Wellness Lifestyle: A Self-Help Guide*.

Type handouts on “Barriers and Challenges” from the last session, and give them out.

Make needed poster, slide, and handouts for “Your Daily Life.”

### *Check-In*

Participants report on steps they have taken to overcome barriers or challenges, or they report on something they have done to support their recovery.

### *Living Space*

Your home space can definitely affect how you feel. For instance, if you need to live in a space that is always neat and tidy and are willing to keep it that way, but

others are always messing it up, this is going to affect how you feel. If you like to live in a space that is full of “stuff,” you will not like living in a space that doesn't have much in it. You may need a light and colorful space. Perhaps you don't have any private place to keep your own things. Your living space should be a space where you feel safe and secure. If there is violence or substance use in your home or neighborhood, it adds stress and makes it difficult to feel safe.

### *Expressive Choices*

What would the ideal living space for you be like? Each participant shares his or her design with the group. Note how this ideal living space differs from your current living space.

### *Validating Chat*

Participants discuss the following questions and others that the participants feel are important:

- Do you look forward to going home or to your living space? Why or why not?
- Is your home or living space safe and secure?
- Is it free from violence, substance use, and conflict?
- Do you like your home or living space the way it is? If not, what would you change?
- Is your home or living space comfortable for you?
- Do you have private space that is respected by others?
- Is your home easily accessible to services you need?
- Is it easy to maintain?

### *Problem Solving*

Each participant shares a problem that the participant has with making his or her living space more closely to match his or her ideal. These problems may have been identified in the previous exercises. Other participants share possible solutions.

## Role-Plays

Role-play the following scenarios (participants may come up with scenarios to role play from their personal experience).

- Telling your landlord your living space needs to be more secure.
- Talking with the housing authority about getting housing that better meets your needs for access to community events, shopping, and health care appointments.
- Telling a family member you live with that you need their help in keeping your home neat and organized. Come up with a possible action plan.
- Working with the people you live with to figure out how each person can have a private place to keep their things.
- Going to a thrift store to find some items to brighten up your space.
- Asking your roommate not to use marijuana in the apartment you share.

## *Living With Others*

Participants divide into pairs with each person getting a set amount of time to discuss the following questions:

- If you live with others, do they help you stay well or make it hard for you to stay well?
- If they help you stay well, how do they do that?
- If they make it hard for you to stay well, what can you do about it?

## *People in Your Life*

Using a piece of poster paper, make a circle in the center that represents you (you can write “me” in the center). Around yourself, make circles with names in them that represent people you are in contact with every day or almost every day. Around that circle, make a circle of people you see occasionally who are important in your life. You can make another circle of others you see rarely if you choose to do so. Circle with red (or the color of your choice) those people you feel closest to, and who

you like to be with. Circle with green those people who are nice to be with from time to time. Circle with blue any people who treat you badly. Share this with the group.

## Validating Chat

Participants discuss the following questions:

- How could you arrange to spend more time with the people who are important to you? What would you be doing together?
- How could you avoid or spend less time with people who treat you badly? Is there anything you can do to get them to treat you better?

## *Your Daily Life*

Read each of the following questions to the participants. After you read the question, give people time to write or record their response to include in their organizational system (perhaps in a folder labeled *Things to Work On*).

## Slides or Poster, and Handout

Leave space on the handout for people to fill in their answers to these questions:

- Is your lifestyle too hectic and chaotic?
- Are you always taking care of others and not taking care of yourself?
- Do you try to do too much every day?
- Do you take on more than you should?
- Do you have more things than you need?
- Do all of these things make your life difficult to manage?
- Are there people in your life who make your life chaotic?
- Are there people in your life who are abusive?
- Do you wish you had more fun?
- Do you need to make some lifestyle changes? If so, how and when are you going to make these changes?

### Expressive Choices

Each person makes a presentation of how he or she would like his or her daily life to be and shares it with the group.

### *Support Group*

Introduce the idea of having an ongoing voluntary peer-run group after the last session to support people in their recovery. Participants can think about this idea between sessions, and decisions can be made at the final session.

### Easel Pad Note Taking

Participants share ideas on this group.

### *Planning the Celebration*

If the next session is the last one, group members work together to plan a celebration. They can discuss things like refreshments, certificates of achievement for everyone, room decorations, people to invite, and entertainment (music, videos, talent from the group, etc.). Participants can volunteer to take responsibility for various tasks related to the celebration, like inviting people, buying and putting up the decorations, making or buying refreshments, and making the certificates.

### *Closing*

Ask people to bring their recovery goals from the first session to the last session (if they have taken the complete program).

Each person shares one thing he or she has learned in this session about wellness that will be helpful in his or her recovery.



## Topic 24. Final Session: Personal Assessment, Motivation, and Celebration

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### *Goal of This Session*

To give participants an opportunity to revisit the goals and dreams they developed in the first session; assess their progress in meeting these goals and explore possible next steps; review their organizational systems, and, using the Action Plan for Prevention and Recovery, discuss motivation, make decisions about an ongoing support group, and CELEBRATE.

### *Topic Agenda*

1. Check-In
2. Goals and Dreams
3. Organizational System
4. Using the Action Plan for Prevention and Recovery
5. Motivation
6. Follow-Up Support Group
7. CELEBRATION

### *Facilitator Preparation Tasks*

Make a poster or slide and a handout for “Motivation.”

Assist as needed with the CELEBRATION.

### *Check-In*

Each person shares one step he or she has taken to create change in his or her life.

### *Goals and Dreams*

People develop a brief presentation for the group that describes their progress toward meeting the goals and dreams they shared in the first session. People who were not at that session or who do not have their goals and dreams with them can develop a presentation of their goals and dreams. Some people may want to revise their goals and dreams. Allow ample time for each person to share.

### *Validating Chat*

Each person discusses his or her next steps in making his or her goals and dreams a reality.

### *Organizational System*

Each person describes his or her organizational system for recovery materials and how it has been working for him or her. If the person is having problems with his or her organizational system, the person can share any problems with the group for ideas on resolving them.

### *Using the Action Plan for Prevention and Recovery*

Each person describes how he or she is using his or her Action Plan for Prevention and Recovery, and how it has been working for him or her. If the person is having problems with this plan, he or she can share them with the group for ideas on resolution.

### *Motivation*

Keeping motivated is often hard for people who are working to recover from mental health and substance use difficulties. Sometimes progress is slow, or you may have a discouraging setback. Following are some ideas of things you can do to keep yourself motivated.

### *Poster, Slide, and Handout*

- Develop and use the Action Plan for Prevention and Recovery
- Write about your dreams and goals
- Take small steps toward doing the things you want to do
- Keep a daily record of your accomplishments
- Reach out to others for support
- Read stories of the recovery of others
- Use positive affirmations like:
  - I can do it
  - I am doing a great job
  - I have the courage and strength to do what I need to do

### Easel Pad Note Taking

Ask participants to share other ideas on how to keep motivated.

### Expressive Choices

Each person makes a motivational poster or presentation that he or she feels will help him or her stay motivated. Each person takes a turn sharing this poster or presentation with the group.

### *Follow-Up Support Group*

The group decides whether they want to have an ongoing support group. If several people decide they want to have such a group, they can work on figuring out the details such as where and when it will be held, who will arrange for the space, and issues related to refreshments.

### *CELEBRATION*

Group members implement the celebration they planned at the previous session.

# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Appendix A

#### Values and Ethics Checklist

Although the Recovery and Taking Action programs are flexible and adaptable, there are certain values and ethics that must be followed. Please review the following checklist after each session. If you check no, write a plan for how that will be changed for the next session.

	YES	NO	If no, plan for changing at next session
Did this session give participants a sense of hope, personal responsibility, self-determination and empowerment; supporting them in making their own plans, educating and advocating for themselves and developing strong systems of support with peers and others?			
Were all participants treated as equals, with dignity, compassion, respect, and unconditional high regard, and accepted as unique and valuable people with special talents and gifts?			
Were participants' experiences validated, and were they helped to understand that they are the experts on themselves and that there are "no limits" to recovery?			
Was all participation voluntary with no mandates or coercion of any kind? Did the power remain with the participant and not with another person, care provider, agency, or organization?			
Was each person given choices and options that were complementary to whatever they were doing and not final answers?			
Did each person have the opportunity to work at his or her own pace toward his or her own goals?			
Was the session adaptable to everyone's personal philosophy, and easily incorporated into other philosophies and models and inclusive of co-occurring recovery principles (recovery from alcohol or other drug abuse and dependency as well as mental health difficulties).			

## Values and Ethics Checklist

	YES	NO	If no, plan for changing at next session
Did the session unconditionally accept each person as he or she is, unique, special individuals, and was it inclusive of diverse cultures, ethnicities, races, gender identities, and sexual preferences; and sensitive to differences in languages, religious beliefs, ability, and “readiness”?			
Was the focus on simple, safe, common sense options for anyone, regardless of how badly they might be feeling; and away from strategies that might have harmful side effects or clinical, medical, and diagnostic language?			
Was it clear that everything possible was done to ensure a safe, comfortable atmosphere?			
Was the focus of the session on personal strengths and away from deficits?			
Were people reminded that they have extraordinary courage, strengths, talents, and abilities?			
Was the session interactive, asking participants for their input, ideas, and questions on each topic and building the discussions around the strengths that already exist in the group with a focus on working together to increase mutual understanding and knowledge and promote wellness?			
Were responses, signs, or “symptoms” seen as normal reactions to life and <i>not pathologized</i> ?			
Was it clear that there is always more to know and learn?			

# Taking Action:

## A Mental Health Recovery Self-Help Educational Program

### Appendix B

#### Websites on Mental Health and Substance Use Recovery

Substance Abuse and Mental Health Services Administration  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

Center for Mental Health Services  
[www.mentalhealth.samhsa.gov/cmhs](http://www.mentalhealth.samhsa.gov/cmhs)

Center for Substance Abuse Treatment  
<http://www.samhsa.gov/about/csat.aspx>

Center for Substance Abuse Prevention  
<http://www.samhsa.gov/about/csap.aspx>

Consumer/Survivor Mental Health Information  
<http://mentalhealth.samhsa.gov/consumersurvivor/>

Recovery to Practice  
<http://www.samhsa.gov/recoverytopractice/>

The Treatment Facility Locator  
<http://findtreatment.samhsa.gov/>

SAMHSA's Elimination of Barriers Initiative (English)  
[www.allmentalhealth.samhsa.gov](http://www.allmentalhealth.samhsa.gov)

SAMHSA's Elimination of Barriers Initiative (Spanish)  
[www.nuestrasalud.samhsa.gov](http://www.nuestrasalud.samhsa.gov)

SAMHSA's Campaign for Mental Health Recovery  
"Mental Illness: What a Difference a Friend Makes"  
<http://www.whatadifference.samhsa.gov>

SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center)  
<http://www.promoteacceptance.samhsa.gov>

SAMHSA Shared Decision Making Tools  
<http://www.samhsa.gov/consumersurvivor/sdm/starthere.html>

National Suicide Prevention Lifeline  
<http://www.suicidepreventionlifeline.org/>

National Council Community – Center for Integrated Health Solutions  
<http://www.thenationalcouncil.org/cs/center-for-integrated-health-solutions>

Homelessness Resource Center  
<http://homelessness.samhsa.gov/>

The Food and Drug Administration  
<http://www.fda.gov/Drugs/default.htm>

National Institute on Drug Abuse (NIDA)  
<http://drugabuse.gov/nidahome.html>

Office of Women's Health, Million Hearts Campaign  
<http://millionhearts.hhs.gov/index.html>

Judge David L. Bazelon Center for Mental Health Law  
[www.bazelon.org](http://www.bazelon.org)

Legal Action Center  
[www.lac.org/](http://www.lac.org/)

Peer Support Groups for People in Co-Occurring Recovery

Dual Recovery Anonymous, 877-883-2332;  
<http://www.draonline.org/>

Double Trouble in Recovery – 12-step mutual aid group is for persons in recovery from both substance use and mental health difficulties  
<http://www.doubletroubleinrecovery.org/>

## Websites on Mental Health and Substance Use Recovery

### Other Peer and Self-Help Resources

Alcoholics Anonymous, 212-870-3400

<http://www.alcoholics-anonymous.org>

Online Intergroup of Alcoholics Anonymous – directory of discussion boards (using email) and real time online meetings (using the chat feature); includes listings for the U.S. and other countries.

Narcotics Anonymous (NA), 818-773-9999

<http://www.wsoinc.com>

Sober 24 – an online only 12-step support group combined with “Virtual Fellowship” and recovery management tools <http://www.sober24.com/>

Women for Sobriety – Gender-specific self-help support program based on a Thirteen Statement Program of positivity that encourages emotional and spiritual growth.

Rational Recovery – An approach for self-recovery that can be learned only through printed materials or from the website. Opposes recovery groups of any kind; teaches a lifetime commitment to abstinence.

SMART Recovery – (Self-Management and Recovery Training) – Uses cognitive-behavioral principles to help members recognize environmental and emotional triggers for addictive behaviors. Offers face-to-face and online mutual help groups (*launched by people who were originally part of Rational Recovery*).

Faces and Voices of Recovery – national advocacy organization lists regions and recovery resources by state, and recovery community organizations. Publications on advocacy and information on legislation and civil rights of importance to recovering people. <http://www.facesandvoicesofrecovery.org/>.

Legal Action Center – Fights discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and advocates for sound public policies in these areas. <http://www.lac.org/>.

Four Mary Ellen Copeland WRAP Websites:

Copeland Center for Wellness and Recovery  
<http://www.copelandcenter.com>

Mental Health Recovery and WRAP  
<http://www.mentalhealthrecovery.com>

Mary Ellen Copeland’s Online Institute  
<http://www.cequick.com/copeland>

Articles by Mary Ellen Copeland on the “Guide for Developing a Wellness Recovery Action Plan” and “Wellness Tools” and other related articles  
<http://maryellencopeland.net/recoveryarticlesbymec.php>

## Websites on Mental Health and Substance Use Recovery

### National Technical Assistance Centers (TACs)

The five National TACs on Consumer/Peer-Run Programs assist in transforming the mental health system by providing consumers with necessary skills to foster consumer/peer-run programs.

#### Consumer TAC

Mental Health Association of Southeastern Pennsylvania (MHASP)

National Mental Health Consumers' Self-Help Clearinghouse (NMHCSHC)

(NMHCSHC will be the sponsor of the Alternatives 2009 Conference.)

Address: 1211 Chestnut Street, Suite 1100  
Philadelphia, PA 19107

Toll-Free Phone: 1-800-553-4539

Phone: 215-751-1810

Fax: 215-636-6312

E-mail: [info@mhselfhelp.org](mailto:info@mhselfhelp.org)

URL: <http://www.mhselfhelp.org>

Director of TAC: Susan Rogers

Phone: 1-800-553-4539, ext. 288

E-mail: [srogers@mhasp.org](mailto:srogers@mhasp.org)

Executive Director of NMHCSHC: Joseph Rogers

E-mail: [jrogers@mhasp.org](mailto:jrogers@mhasp.org)

#### Consumer TAC

National Empowerment Technical Assistance Center (NETAC)

Address: 599 Canal Street  
Lawrence, MA 01840

Toll-Free Phone: 1-800-769-3728

Phone: 978-685-1494

Fax: 978-681-6426

URL: <http://www.Power2u.org>

Director of TAC: Debbie Whittle

E-mail: [d.whittle@power2u.org](mailto:d.whittle@power2u.org)

Executive Director of NEC: Dr. Daniel Fisher

E-mail: [daniefisher@gmail.com](mailto:daniefisher@gmail.com)

#### Consumer TAC

Depression and Bipolar Support Alliance (DBSA)

Peers Helping Peers

Address: 730 North Franklin Street, Suite 501  
Chicago, IL 60654

Phone: 312-642-0049 or 1-800-826-3632

Fax: 312-642-7243

URL: <http://www.peershelpingpeers.org>

Toll-Free Phone: 1-866-466-9330

Phone: 312-988-1159

Director of TAC: Jim McNulty

E-mail: [JMcNulty@Dbsalliance.org](mailto:JMcNulty@Dbsalliance.org)

Phone: 401-965-8450

President/Chief Executive Officer (CEO) of DBSA:  
Peter Ashenden

E-mail: [pashenden@dbsalliance.org](mailto:pashenden@dbsalliance.org)

#### Consumer Supporter TAC

Mental Health America (MHA), formerly the National Mental Health Association

National Mental Health Association Consumer Supporter Technical Assistance Center (NCSTAC)

Address: 2000 North Beauregard Street, 6th Floor  
Alexandria, VA 22311

Phone for MHA: 703-684-7722 or 1-800-969-6642

Fax: 703-684-5968

URL: <http://www.ncstac.org>

Toll-Free Phone:

1-800-969-6642, ext. 7538 for NCSTAC

Director of TAC: Vacant—please contact Kate Gaston

Phone: 703-838-7536

E-mail: [kgaston@mentalhealthamerica.net](mailto:kgaston@mentalhealthamerica.net)

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## Websites on Mental Health and Substance Use Recovery

Consumer Supporter TAC  
National Alliance for the Mentally Ill (NAMI)  
NAMI Support, Technical Assistance, and Resource  
Center (STAR)  
Address: 2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201-3042  
NAMI Toll-Free Phone: 1-800-950-NAMI (6264)  
URL: <http://www.consumerstar.org>  
TAC Toll-Free Phone: 1-866-537-STAR (7827)  
Fax: 703-600-1112  
Director of TAC: Stephen Kiosk, M.Div., LPC  
Phone: 703-600-1113  
E-mail: [stephenk2@nami.org](mailto:stephenk2@nami.org)  
Executive Director of NAMI: Michael Fitzpatrick  
E-mail: [mfitzpatrick@nami.org](mailto:mfitzpatrick@nami.org)